

# **Thro' the een o' caer leevers:**

**(Through the eyes of care Leavers)**

## **The experience of young people leaving care and suffering from depression in Scotland**

**By**

**Marina Amaral**

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Heriot-Watt University

School of the Built Environment

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## **ABSTRACT**

The transition to adulthood is known to be a challenging period, particularly for care leavers who have been known to achieve poor outcomes. This study aimed to examine the Throughcare experience and outcomes achieved by young people who are simultaneously leaving care and experiencing depression. This study also adopted a multi-theoretical approach which accommodates both inner and external factors as potential elements which influence care leavers' transitions. This theoretical position offered a useful approach for studying the multi-dimensional and complex reality of care leavers who suffer from depression. A qualitative methodological approach based on the constructivist paradigm was adopted for this study. Twenty seven young people who suffer from depression were interviewed and their data was complemented by information collected from seventeen key informants and a small group of young people leaving care who were not suffering from depression. The data was inductively analysed. The study found that some young people develop a material meaning of independence which leads them to disregard their mental health. This contributes to their inability to deal with problems and the difficult transitions they experience, where self-harm and suicide are often perceived as viable solutions for their problems. Poor mental health was also found to negatively impact on educational and work performance, school attendance, finding work, ability to maintain a job and perceptions of education and work. Other factors which impacted on education and work were attachment problems, inability to deal with simultaneous challenging problems, peer pressure, and the lack of appropriate formal and informal support. These young people also experienced poor housing outcomes, including the inability to sustain a tenancy, poor gate keeping, problems with neighbours and eviction leading to homelessness. Overall, the study concluded that care leavers with depression have specific vulnerabilities that contribute to difficult transitions to independent living. More attention needs to be paid to supporting these young people through strategic planning and policy, and investment in adequate resources to enable them to make successful transitions.

## **DEDICATION**

**To all Care Leavers,**

**People of Christchurch**

**And**

**Stephanie Sparrow**

On 22<sup>nd</sup> of February 2011 I experienced an earthquake of magnitude 6.3 in Christchurch, New Zealand, where I had planned to spend three months studying mental health and attending a course in research methodology at the University of Canterbury. Following the earthquake, I volunteered with my friend Steph Sparrow in the Social Work Emergency Team at the local hospital. One month after this experience, I was diagnosed with post-traumatic stress and, consequently, depression. Ironically, my thesis is about depression.

With the right professional support, friends' help and John's love (my partner), I managed to overcome the inherency left by New Zealand's darkest day. Thus, this thesis is far more than an academic study; it is a grain of hope for those who, like its participants and I, suffer or have suffered from depression.

This thesis is also dedicated to my friend Stephanie Sparrow and her young family, who all still reside in Christchurch. That day will be forever in my mind and you will be always in my heart.

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# **CHAPTER 1**

## **INTRODUCTION**

### **1.1 THE CHOICE OF SUBJECT**

This study focuses on the experience of young people leaving care who are suffering from depression. Traditionally, moving to independent living was a smooth, age related and staged process occurring at the end of late adolescence (Barry, 2001). In recent times, this process has become a challenging pathway or set of pathways (Arnett, 2000), which are shaped by contemporary structural constraints, complex interpersonal relationships (Barry, 2001), economic uncertainty and highly changeable historical, cultural and legal meanings (Arnett, 2000 and 2007). Due to this, transition has also become more closely associated with a significant level of ambiguity. This complexity will be further explored in chapter 3. For young people in general this is a challenging period involving important developmental tasks such as leaving the family home and taking on adult responsibilities, including beginning a career or becoming a parent or a spouse within a clima of uncertanty (Cassidy, 2006; Arnett, 2007). Thus, if young people often tend to find the transition into independence a challenging stage, this process can be significantly more challenging for care leavers who are considered to be vulnerable (Dixon and Stein, 2005).

The current complexity associated with contemporary transitions led me to the following question: given the considerable challenges that care leavers face in coping with living independently (Dixon and Stein, 2005), how do those with mental health problems experience the process of transition? The focus on mental health emerged from my personal interest in the subject and as a consequence of having worked in a mental health hospital for four years.

My intellectual disquietude led me to approach my work as a social worker in a Children and Families Team in the East of Scotland with a ‘sense of a problem, of something going on, some disquiet, and of something there that could be explicated’ (Smith, 1999, p9). The synthesis of my personal interest, my intellectual need for answers, and, as we will see below, the noticeable knowledge-gap in the literature in the leaving care field, led to the foundation of this study. This chapter will provide an introduction to this research and to the Throughcare and Aftercare field. Section 1.2 will introduce the policy and legislative context, the concept of transition and important

themes associated with it, including Throughcare and Aftercare outcomes, independence and intervention. This section will also discuss evidence about care leaver's mental health. Section 1.3 will identify the research problems and questions. Section 1.4 will outline the methodology adopted in this study. Finally, section 1.5 will present the structure of the thesis.

## **1.2 THE FOCUS OF THE RESEARCH**

### **Policy and legal context**

This section introduces the main policy and legislative developments in Scotland concerning children and young people. These are two important dimensions that provide a set of tools which are necessary for a properly informed practice (Drakeford, 2008). While legislative frameworks regulate, inform and guide the practices within organisations, policy shapes the approach to be undertaken (Drakeford, 2008).

The Children (Scotland) Act 1995 is the most significant legislative framework that regulates child and youth welfare in Scotland. It defines care leavers as young people aged from 16 to 21 who have been looked after by a local authority in the exercise of its social work functions (S22 (1) Children (Scotland) Act 1995).

Under S29 of the Children (Scotland) Act 1995, local authorities have a statutory duty to carry out an assessment of the needs of all care leavers. Once this assessment has been undertaken, the support supplied to these young people is provided by specialist teams in local authorities or in the voluntary sector. These dedicated teams provide Throughcare and Aftercare support which involves a combination of counselling, advice and practical help to prepare young people for independence (Brandon and Thoburn, 2008).

The concepts of Throughcare and Aftercare are formally defined in the framework Supporting Young People Leaving Care in Scotland: Regulations and Guidance in Services for Young People Ceasing To Be Looked After by Local Authorities (Scottish Executive, 2004a), henceforth referred to as Regulations and Guidance 2004. This legal document defines *Throughcare and Aftercare* as the process by which the local authority prepares the young person they are looking after for the time when he or she will cease to be cared for. This preparation essentially involves the provision of practical support, advice, guidance and assistance through Throughcare and After Care Teams

incorporated in Children and Families Departments (Scottish Executive, 2004a). These teams also work in partnership with local and national agencies in order to fulfil their duties as corporate parents.

Under the Regulations and Guidance 2004, local authorities have a duty and responsibility to regulate the provision of Throughcare and Aftercare support to a minimum standard (Scottish Executive, 2004a). This implies a variation in the support provided by Throughcare and Aftercare services as each local authority needs to develop their own regulations according to specific geographic and population characteristics. However, the specific dimensions to be covered to meet minimum Throughcare and Aftercare standards are formally defined in the Regulations and Guidance 2004 and should be adopted by all local authorities. These dimensions are: 'Lifestyle', 'Family and Friends', 'Health and Wellbeing', 'Learning and Work', 'Where I live', 'Money' and 'Rights and Legal Issues' (Scottish Executive, 2004a, p16). This study focused on education, employment and accommodation. According to key informants, policy and legislation, these are the three main areas to take into account when planning young people's pathways to independence. Additionally, according to Gilligan (2009), they are important resilience factors which can lead young people to more resilient pathways. Francis (2008b) also reinforces the importance of education and employment in care leaver's pathways to independence and their life course. According to this author, these are two dimensions which will shape young people's life span, success and quality of life.

In February 2014, the Children and Young People (Scotland) Bill (Scottish Government, 2014a) was approved by the Scottish Parliament. In March 2014 the Bill became law and is now termed the Children and Young People (Scotland) Act 2014. According to this legal framework, from April 2015 care leavers will be entitled to request advice, guidance and assistance from the local authority up to 26 years of age or remain in care until the age of 21 rather than 18. The Greater Rights for Young People in Care (Scottish Government, 2014b) also announced the Government's long-term ambition to allow young people up to the age of 21 to return to care if needed.

Although legislative frameworks have formally defined, guided and ruled the Throughcare and Aftercare field (see chapter 2), moving on to independence is a major event that goes far beyond legislative concepts (IRSS, 2012). Moving on to independence is to move from being dependent on state support, to living independently

and becoming a self-sufficient adult or returning to the birth family home (IRISS, 2012). The following section considers the key concepts that are relevant to understanding this journey beyond the legislative and policy conceptualisations.

### **Moving from care to independent adult living**

Care leavers are one of the most emotionally, mentally and physically vulnerable groups in society (Tarren-Sweeney, 2008; Scott and Hill, 2006; Mclung, 2008). This vulnerability appears to be fundamentally connected to their experiences prior to care which has been frequently marked by negative events such as physical and emotional abuse (Biehal et al., 1995; Broad, 1998; Stein, 2005; Scott and Hill, 2006). Due to their vulnerability, care leavers may experience cognitive problems, lack resilience and be emotionally and psychologically fragile (Akister, et al., 2010). Therefore, their journey to independence, which includes taking on adult responsibilities, achieving employment related goals and coping with housing transitions, may all involve particular difficulties and challenges (Akister, et al., 2010). In order to understand better the experiences of these young people throughout their journeys, it is important to draw a distinction between the two concepts applied here: *transition* and *outcomes*. The interrelation of these two concepts will be demonstrated in the following sections.

#### *The transition to independent living*

In 2013 there were 16,041 looked after children and young people. 4,759 children and young people were looked after at home, 5,577 were placed with foster carers or prospective adopters, 4,238 were in other community placements and 1,467 were looked after in residential care. On July 2013, there were 3,886 young care leavers in transition from care to independence (Scottish Government, statistics 2012/2013). The journey to independence refers to the process of moving from care to independent living. It is a journey which combines ‘the care experience’ and the ‘support or intervention [that] young people have received’ (Dixon and Stein, 2005, p.129).

In order to achieve a deeper understanding of the journey to independence, the following paragraphs define the three elements that comprise the above definition: care experience, support and intervention.

Although a definition of the *care experience* appears to be lacking in academic literature, it is reasonable to view this as encompassing life circumstances, events and

relationships experienced by the young person since his or her involvement in the care system.

The *support* that young people receive refers to the preparation for independent living. In this context, preparation refers to:

‘(...) the development of skills that enable us to look after ourselves physically and emotionally and enable us to participate in our social environment’ (Dixon and Stein, 2005, p.55).

For those in care, preparation starts in the foster family or at a residential unit and is known as Throughcare and Aftercare (Dixon and Stein, 2005).

The third element is *intervention*. This is intrinsically connected to the idea of ‘doing to others’ and ‘working together with people’ in a systematic and planned way in order to make a difference in an identified situation (Drakeford, 2008, p.98).

Shaw and Frost (2013) contribute to the above definition by highlighting the importance of the concept of *care planning*. According to Shaw and Frost (2013, p.103), there are four major goals for care planning:

- ‘Young people have a clear and shared plan for their future and are not subject to ‘drift’,
- ‘Young people are fully involved and consulted about the key decisions concerning their lives’,
- ‘The care system operates in an effective manner for the young person to ensure that young people achieve the best possible outcomes on leaving care’,
- ‘Change and transitions are successfully managed with the young person – in particular the transition to adulthood’.

According to Shaw and Frost (2013), if the above goals are taken into account and achieved, local authorities and organisations will fulfil their role as corporate parents. The concept of *corporate parenting* concerns the process by which professionals and organisations work together to meet young people’s needs (Shaw and Frost, 2013).

Finally, the journey to independent living cannot be completely understood without defining the concept of *independence*. According to Jones (2002), independence refers to the experience of a certain degree of autonomy, the capacity to make decisions for oneself, the opportunity to gain economic independence and the chance to contribute to wider society. Therefore, independence involves empowerment, participation and the capacity to make an informed choice (Jones, 2002). In the context of youth, independence is often connected to the development of autonomy in relation to parents, responsibility for one's own actions and the ability to cope alone (Jones, 2002). Thus, for young people in general, becoming independent is strongly associated with emancipation from parental authority and detachment from their parental home (Jones, 2002). In the context of leaving care, it is likely that independence is associated strongly with emancipation from the care system authority and becoming detached from social work departments, foster carers' homes and residential or support units. However, as this study will show, in practice being independent is far more complex than the above definition suggests. Independence is a dynamic state of life which involves the personal history of the individual as well as structural and social factors (Barry, 2001) and personal meanings and interpretations (Cassidy, 2006). Personal meanings and interpretations are particularly important during young people's transition. They shape patterns of thoughts which contribute to the development of beliefs and behaviours (Trower et al., 2011). For care leavers these patterns of thought are often marked by negative experiences which disrupt their relationships with reality and others and contribute to less effective transitions.

Less effective transitions to independence are characterised by 'considerable disorientation and serious difficulties' (Dixon et al., 2006, p.231). In contrast, successful transitions are gradual progressions which lead to positive developments or achievements. In this study, the difficulties resulting from less effective transitions and the achievements attained in successful transitions are termed Throughcare and Aftercare outcomes. The next section elaborates further on the concept of Throughcare and Aftercare outcomes.

### *Throughcare and Aftercare Outcomes*

According to Knapp (1989 cited in Dixon and Stein, 2005, p.129) outcomes are 'the effects or results of a process'. The *process* mentioned in Knapp's definition refers to the journey to independence and as has been defined in the previous section. Based on



Knapp (1989), Throughcare and Aftercare outcomes can be then defined as the *effects* or *results* that young people achieve during their journey to independence. Examples of these effects and results include the ability to sustain a supported tenancy before moving into an independent tenancy or developing important interpersonal skills in order to manage conflicts with neighbours. Poor Throughcare and Aftercare outcomes could result in homelessness if the young person is unable to sustain his or her tenancy. Throughcare and Aftercare outcomes can also be defined as short, medium or long depending on the personal circumstances of the young person, their needs and individual aspirations. Another more objective means of defining Throughcare and Aftercare outcomes might be those goals achieved between the ages of 16 and 21 as, according to the 1995 Act, care leavers are young people aged from 16 to 21 who have been looked after by a local authority (S22 (1) Children (Scotland) Act 1995). The importance of understanding young people's Throughcare and Aftercare outcomes lies in the fact that the effects and the results of their transition will shape the effects and the results of their adulthood.

Factors experienced during young people's Throughcare and Aftercare experience which may compromise later outcomes after care include a lack of willingness to engage with services, an early move to independence and a lack of appropriate support (Stein and Dixon, 2005 and Stein, 2012). In contrast, good preparation and engagement with services are factors which contribute to positive outcomes after care, such as sustaining long-term independence (Stein and Dixon, 2005; Stein, 2012). For instance, a young person who has achieved good school performance during their transition is more likely to have the necessary grades to take part in a college course or university degree of her or his choice and have access to work positions which are related to her or his wishes. A young person who has maintained her or his accommodation successfully and with support of her or his key workers during their transition may be better equipped to avoid the risk of debt, lack of control over gate-keeping, deterioration of property and homelessness.

The next section will introduce the theoretical frameworks which help us to understand the factors that contribute to effective and less effective transitions to independence and positive or negative Throughcare and Aftercare outcomes.

## **Theoretical Contributions**

One of the most significant advances in considering care leavers' journey to adulthood can be found in the work of Dixon and Stein (2005). Dixon and Stein have drawn together a set of theories that help us understand the nature and complexity of these young people's pathways. This work has sought to combine Developmental Theories (Freud, 1896; Erikson, 1979; Vygotsky, 1978; Berger, 2001), Attachment Theory (Bowlby, 1951 and Fahlberg, 1994), Life Course Theory (Harrocks, 1999 and Macmillan, 2005), Focal Theory (Coleman and Hendry, 1990; Hendry et al., 1996) and the concept of Resilience (Seaman et al., 2005; Stein, 2005). In this study, these five complementary theories were extensively applied in order to understand the difficulties experienced by care leavers and to explain why some young people undergo positive transitions despite a disruptive background. The strength of this pluralistic framework lies in its ability to accommodate both inner (e.g. psychological development) and external (e.g. social interactions) factors as potential elements which influence care leavers' transitions.

## **Mental Wellbeing – the particular vulnerability of care leavers who suffer from poor mental health**

This study focuses on care leavers who suffer from depression. Although the focus on mental health grew from my personal interest in the subject, it also became apparent from a review of the literature that little information was available on the experience of care leavers suffering from depression. This is surprising given extensive evidence of poor mental health (Arcelus et al., 1999; Ryan, 2008), particularly depression (Meltzer et al., 2003; Dimigen, 1999) and associated symptoms such as self-harm (Ridley and McCluskey, 2003) and suicide ideation (Akister et al., 2010) amongst young people in care. In order to fully understand the specific vulnerabilities of young people suffering from depression, it is important to define three main concepts. These concepts are mental health, poor mental health and depression.

This study has adopted the definition of mental health provided by The World Health Organisation (WHO, 2014). According to WHO (2014), positive or good mental health is defined as a state where individuals are able to realise their own abilities, cope with stress, work productively and contribute to their own community (WHO, 2014). In contrast, according to the London Health Observatory (2012), poor mental health describes a full range of mental health issues from common experiences such as feeling

depressed to more severe clinical symptoms such as clinical depression and enduring problems such as schizophrenia.

This research has also adopted the definition of depression recommended by the National Institute for Health and Clinical Excellence (NICE, 2009):

‘Depression refers to a range of mental conditions characterised by persistent low mood, absence of positive affect (loss of interest and enjoyment in ordinary things and experiences), and a range of associated emotional, cognitive, physical, and behavioural symptoms. Symptoms occur on a continuum of severity, and day to day functioning is often impaired’.

When the journey to independence is disrupted by poor mental health, particularly depression, the Throughcare and Aftercare outcomes are more likely to be negatively affected (Biehal et al., 1995; Stein and Wade 2000; Stein, 2012). Thus, as Akister et al. (2010) argue, research into this subject is especially pertinent as poor mental health impacts on the overall wellbeing of care leavers and, therefore, on these young people’s experiences, which will involve their transition to adulthood.

### **1.3 DEFINING THE RESEARCH PROBLEM AND QUESTIONS**

Although significant policy and legislative developments have been introduced, care leavers are still achieving poor Throughcare and Aftercare outcomes across a range of areas. These negative outcomes include poor educational performance and achievement, difficulties in searching and maintaining unemployment, risk of homelessness (Dixon and Stein, 2005), involvement with the Criminal Justice System, poor mental health, and teenage parenthood (Scottish Government, 2013c). Duncalf (2010) has shown that the issues facing current care leavers were neither new nor recent. In her study, Duncalf (2010) identified that the top negative experiences mentioned by care leavers and former care leavers aged 50, 60 or 70 were: 1) having to go back to abusive/problematic families, 2) feeling alone and abandoned, 3) poor accommodation, 4) lack of support from services and 5) homelessness.

Following a comprehensive review of the literature in the field, it became apparent that previous research (Biehal et al., 1995; Broad, 1998; Dixon and Stein, 2005; Duncalf, 2010) have contributed a great deal towards understanding the relationship between poor outcomes, the difficulties faced by care leavers and their unsuccessful transitions.

Examples of this contribution are the identification of factors which can impact negatively on young people's after care outcomes such as a lack of appropriate support and preparation, young people's wishes to be detached from the care system and placement breakdowns (Dixon and Stein, 2005). However, it also became evident that there has been a tendency to develop research based on measuring after care outcomes. As a result, less attention has been paid to the Throughcare and Aftercare experience. This study was developed based on the assumption that research based on care leavers' Throughcare and Aftercare experience can contribute towards explaining why difficult transitions still occur after decades of policy and legislative developments. This statement is supported by Harrocks (1999) who argues that knowledge about care leavers' experience is needed to achieve a greater understanding of these young people's needs and the factors leading to poor outcomes. The aim of this research is also supported by Smith (2011, p.7), for whom 'outcomes are unlikely to get dramatically better in the absence of a deeper and more expanded understanding of the challenges facing these young people'.

Additionally, the literature review also revealed that research in the field has tended to focus on care leavers as a vulnerable group in general. As a consequence, very little research has been carried out on how depression impacts upon these young people's transitions or the experiences of those who suffer poor mental health.

This study aims to address this knowledge-gap. The relevance of studying the experience of poor mental health among care leavers is twofold. Firstly, as mentioned earlier, there is research which indicates that a great number of care leavers suffer from poor mental health. Secondly, there is also evidence which shows that the poor mental health experienced during these young people's transitions will have a negative impact during their adulthood (Buchanan, 1999; Scott and Hill, 2006). This study, in line with Furnivall (2013), suggests that understanding care leavers' experiences of poor mental health is a way to develop a comprehensive understanding of the leaving care field. In order to achieve this understanding, four specific questions were formulated to guide this study:

*How, if at all, does care leavers' conceptualization of independence influence their leaving experience?*

*How, if at all, does the experience of depression influence care leavers' transition to independence?*

*What are the key factors which shape care leavers' educational and employment outcomes during their leaving care experience?*

*What are the key factors which shape care leavers' housing outcomes during their leaving care experience?*

The importance of studying the meaning of independence and the impact of personal conceptualizations on the leaving care experience emerged from evidence which shows that individuals' meanings have a significant influence on their transition to independence (Arnett, 2004; Hawkins et al., 2004). The question that focused on depression emerged from the focus of this research on studying care leavers who suffer from this illness. Questions number three and four emerged based on the discussions with key informants and on the literature review (e.g. Gilligan, 2009), which identified these dimensions (training, employment and accommodation) as important when moving from care to independence and as potential resilience factors for successful transitions.

By answering the above questions, this study aims to enhance professionals' understanding about the simultaneous experience of leaving care and living with depression. A better understanding of the challenges faced by care leavers will be likely to support more informed policy and practices to address the difficulties encountered by these young people.

#### **1.4 METHODOLOGY**

To answer the research questions, this study adopted an inquiry of a qualitative nature based on the congruence between the research and constructive philosophical assumptions. Constructivism aims to make sense of individuals' meanings and obtain a deep understanding of personal experiences (Guba and Lincoln, 1985). According to this philosophical paradigm, knowledge is a constructed process which draws on the cognitive structures of individuals (Baden and Major, 2013). Within this phenomenological context, questions number three and four seem not to be associated

with a constructive nature. However, the intention of these two questions is to explore which factors within the leaving care experience impact on each young person's educational and housing experience, understanding and meanings. In this context, both questions are of a constructivist nature.

Constructivism also suggests that the knowledge to be gathered is possessed in the mind of individuals and is constructed and portrayed in their everyday interactions. As a result, this knowledge is of a subjective and inductive nature (Kenkel, 2008). In this context, individuals are the primary source of knowledge and, due to this, the relationship between researcher and individuals is highly valued (Creswell, 2009). The above philosophical stances were intrinsically related to the aims of this study: to understand the experience of care leavers who suffer from depression and who are in transition from care to independent living from the perspective of care leavers themselves. It was also compatible with the research questions which were focused on understanding care leavers' meaning of independence and their Throughcare and Aftercare experience.

Since the primary source of constructivist knowledge are the individuals themselves, qualitative methods of data collection are preferable over quantitative methods. Moreover, qualitative methods are assumed to facilitate interaction between researcher and participants (Guba and Lincoln, 1985). In line with this, the interview was found to be an appropriate method of data collection for this study. The interview was applied to a sample shaped by specific criteria. Although a comprehensive reflection about the sample adopted in this study will be explored in Chapter 5 – Methodology, a brief summary of the eligibility criteria is presented below:

- 1) Young people leaving care when aged 16 to 21
- 2) Young people clinically diagnosed with depression or who were believed to be suffering from depression due to specific symptoms experienced such as self-harm, suicidal thoughts and suicide attempts.
- 3) Young people residing in supported units, foster care or at home.
- 4) Young people willing to be part of the research and share their experiences after being contacted and informed of the research aims and ethics.

The number of young people was not determined when defining the methodology of this study. To restrict the sample size to an adequate number of young people, interviews were conducted and analysed until data saturation had been reached (Kenkel, 2008). In total, 27 young people were interviewed. Twenty one young people were clinically diagnosed with depression while six were believed to be suffering from depression due to the severe symptoms of poor mental health experienced.

Constructivism also suggests the existence of multiple realities as a source of knowledge. Thus, this study looked for further input from two other sources. To complement the information provided by young people who suffer from depression, a sub-sample composed of a small group of 8 care leavers aged 16 to 21, who did not suffer from depression and involving criteria 3 and 4, was involved. This group was thought to provide relevant information for a better understanding of the increased challenges experienced by care leavers who suffer from poor mental health. An additional sample composed of 17 key informants identified through snowball sampling was also adopted. The sample of key informants was constituted by key workers, Throughcare and Aftercare workers, team leaders and academics with experience in the field. Due to their involvement with young people, key informants were able to provide valuable insights about this research subject. A more detailed account of the three samples of this study is presented in chapter 5.

The information collected from the interviews was analysed inductively. According to Walliman (2013, p.17), inductive knowledge ‘come to conclusions from what we have experienced and then generalizes from them, that is, set them up as a rule or belief’. Thus, according to inductive stances, the research findings were based on the interpretation of the characteristics of the data. This interpretation was the outcome of an on-going, reflective and interactive process which involved different but interrelated stages.

## **1.5 STRUCTURE OF THE THESIS**

The thesis is divided into 11 chapters. This introductory chapter provides an overview of the research, including my personal interest in the area along with the definition of the problem, the research aims and questions, and the approach and methods adopted.

**Chapter 2** presents the leaving care field from a legislative and policy perspective and introduces the main concepts of the study based on the current legal framework.

**Chapter 3** appraises the contemporary meaning of transition to independence and the conceptual framework which explains its complexity, including the elements which contribute to the difficulties experienced by care leavers in their transition from care to independent adult living. This chapter also explores the middle-ground theoretical position adopted in this study to guide the research project, including the field work.

**Chapter 4** introduces the experience of leaving care, the outcomes achieved by care leavers in terms of mental health, education, employment and housing. This chapter also discusses the service provision for tackling care leavers' poor outcomes.

**Chapter 5** introduces and discusses the methodology developed and employed by this study. This chapter also discusses the sample adopted, the data analysis and the ethical issues considered throughout this research.

**Chapter 6** presents the findings concerning the data collected from the key informants. It outlines the main characteristics of young people leaving care and of those care leavers who suffer from depression.

**Chapter 7** discusses three factors which have emerged from the data analysis as important elements which shape care leavers' transition. These factors are young people's perceptions of independence, formal support and social networks.

**Chapter 8** discusses the impact of depression and associated symptoms on young people's transition. It considers the causes of depression, the experience of attempting suicide, suicidal ideation and intention. It presents the experience of self-harm and the consumption of alcohol and drugs. This chapter also reflects on the protective factors against poor mental health identified in this study and on the support provided by formal and informal networks.

**Chapter 9** appraises how depression and other factors which were part of the leaving care experience impacted on the young people's educational and employment pathways.

**Chapter 10** reflects on the housing journeys experienced by the young people involved in this study and on the factors which influenced these pathways.

**Chapter 11** draws together the main findings and introduces the theoretical contributions of this study to the leaving care field. This chapter also introduces the limitations of this study, policy recommendations and topics for further research.



## **CHAPTER 2**

### **THE LEGAL AND POLICY CONTEXT**

#### **2.1 INTRODUCTION**

Chapter 1 highlighted that moving on to independent living can be a demanding and challenging journey for young people leaving care due to their practical, emotional and psychological fragilities (Stein, 2012). Consequently, care leavers are more likely to experience less effective transitions and achieve poor outcomes compared to their contemporaries who have never been under the supervision of the care system (Dixon and Stein, 2005; Stein, 2012). In order to improve the outcomes of young people leaving care, the Scottish Government is committed to supporting care leavers achieve their potential, realise their aspirations and have the same life chances as other young people (Scottish Government, 2013c).

The legislative framework and policy guidelines are important factors to consider when exploring the leaving care system as they provide the context for understanding care planning and interventions in the context of leaving care (Drakeford, 2008). While policy shapes the approach to be taken, the legislation regulates, informs and guides the practices within organisations (Drakeford, 2008). This chapter considers the specific policy and legal framework which guides and regulates the Throughcare and Aftercare practices in Scotland.

Section 2.2 will present the main legal framework for Throughcare and Aftercare in Scotland (e.g. Children (Scotland) Act 1995, the Regulations of Care (Scotland) Act 2001, the Supporting Young People Leaving Care in Scotland: Regulations and Guidance in Services for Young People Ceasing To Be Looked After by Local Authorities (2004), hereafter referred to as Regulations and Guidance 2004). Section 2.3 will consider the relevant legislative frameworks and policy developments regarding the mental wellbeing of young people leaving care. Section 2.4 will appraise the specific legal framework concerning key aspects of independent living. As discussed in chapter 1, these key factors are education, employment and housing.

## **2.2 THE CARE SYSTEM IN SCOTLAND**

In 2012-13 Scotland had a population of one million children of which 16,041 were looked after by local authorities. Looking after so many children and supporting them to achieve their potential is a challenging mission and a duty which needs to be regulated and guided appropriately (National Statistics publication for Scotland, Scottish Government, 2014). The care system in Scotland is governed by a separate legal system, regulator and inspectorate from England, Wales and Northern Ireland. The Scottish care system thus has its different care entitlements and proceedings concerning children and young people in care (Kenny, 2014). For example, a key difference between Scotland and its fellow countries is the introduction of Children's Hearing System. The Children's Hearing System aims to deal with all minor legal matters involving children up to the age of 16, such as ASBOs, misbehavior or the application of removal orders. The Hearing System is composed of a panel of lay people interested in child protection and welfare (Kenny, 2014). In England, Wales and Northern Ireland these minor legal matters are dealt with in court.

The Social Work (Scotland) Act 1968, although a UK legislative framework, laid the foundations for the current principles which regulate and guide the care practice for children and young people in Scotland. Since then, the influence of research produced in the field and advances in practice has enabled the development and introduction of improved legal and policy frameworks to meet the current needs of children and young people in Scotland (Scottish Government, 2012). The current main legislation governing children and young people in Scotland is the Children (Scotland) Act 1995 (hereafter cited as the 1995 Act). The 1995 Act strengthened the provision of the Social Work (Scotland) Act 1968 and set out the main principles regarding child and youth welfare. The principles of the 1995 Act are based on the UNCRC, specifically the right of a child to have his or her views given due consideration, in matters that affect him or her. Another principle of the 1995 Act which was strongly influenced by this international convention was the primacy of a child's welfare and due regard given to a child's religious persuasion, racial origin and cultural and linguistic background (Scottish Government, 2002b).

The 1995 Act is underpinned by three fundamental principles which guide all legislation regarding the care practice for children and young people who are subject to

it. The first principle is to give paramount consideration to the welfare of the child. This principle highlights that each child has the right to protection from all forms of abuse, neglect or exploitation (Scottish Government, 2010b; Royal College of General Practitioners, 2011). The second principle considers the views of the child. This means that service providers have a legal and moral duty to consult children and young people about the decisions affecting them in order to make them feel more involved and empowered in their own lives. This principle also extends to preparing young people for the decision-making and responsibilities that come with adulthood (Scottish Government, 2010b).

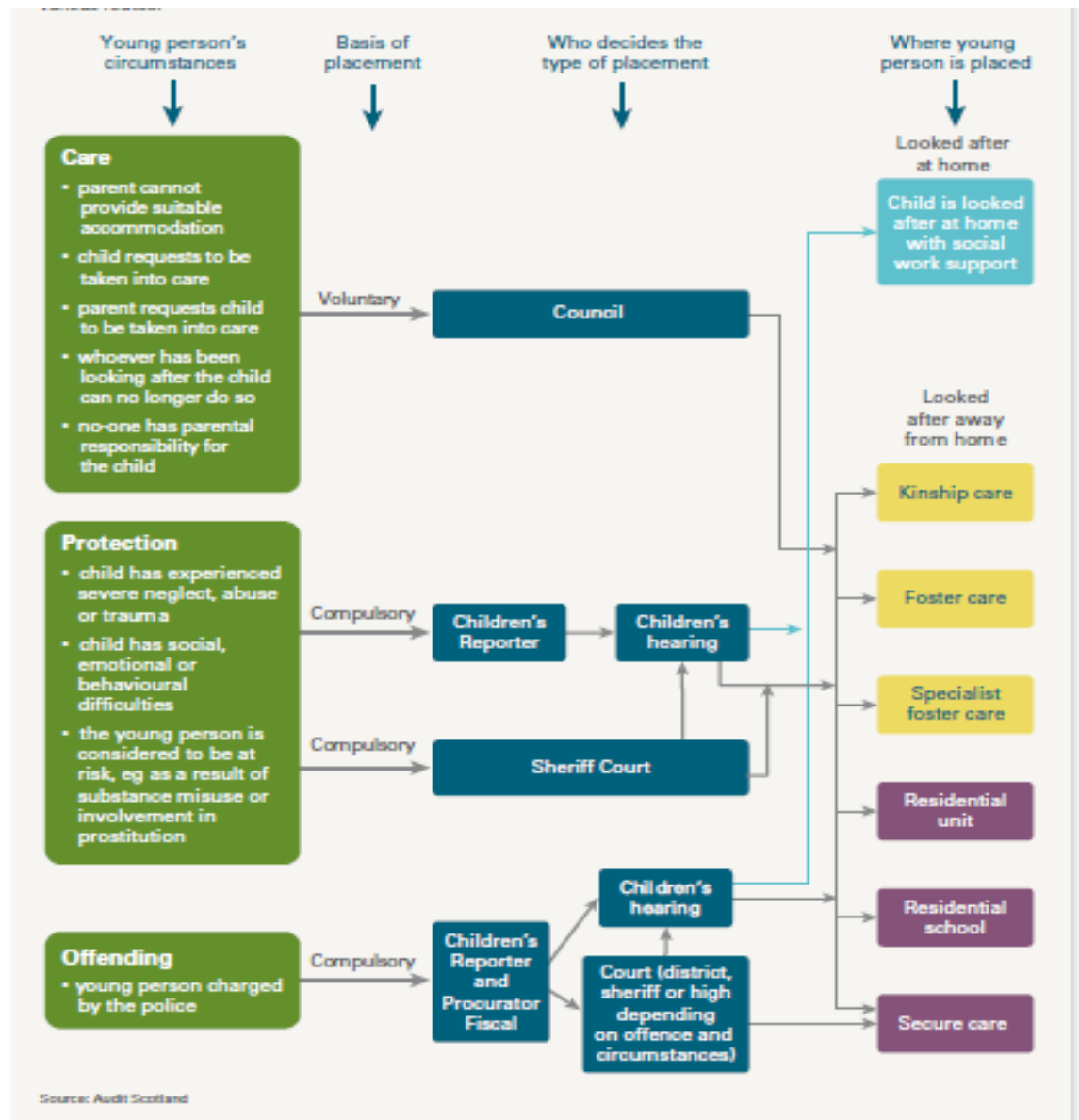
The third principle is to avoid delay and to make the minimum intervention necessary in a child's life. This principle promotes that, in decisions relating to the protection of a child or young person, every effort should be made to keep the child safe in the family home. Additionally, this principle states that any intervention carried out by a public authority should be properly justified and supported by services from all relevant agencies working in collaboration with each other (Scottish Government, 2010b). When possible, parents should be responsible for the upbringing of their children and should share that responsibility (Royal College of General Practitioners, 2011). However, in more complex family circumstances, when parents or families are unable to meet their children's needs, children are removed and placed under the responsibility of the local authority (Coles, 1995). Once in care, children and young people are referred to as looked after children and young people. The next section describes the concept of looked after children and young people according to the 1995 Act.

#### *Definition of Looked After Children and Young People*

The definition of *looked after* is set out in S17 (6) of the 1995 Act. According to S17, a child is looked after when he or she is provided with accommodation by a local authority (S25) or subject to a supervision requirement made by a Children's Hearing (S70). A child or young person is also considered looked after if they are subject to an order (e.g. Child Protection Order or a Child Assessment Order), or warrant (e.g. removing a child to a place of safety). A child or young person is also considered looked after if they are subject to a permanent order made after an application by the local authority (S80). Once subject to S25, S70 or S80, local authorities have a duty to assist and support looked after children and young people. The following table

exemplifies how the 1995 Act is implemented in practice and defines the care system in Scotland:

**Table 2.1 The Care System in Scotland**



Source: Audit Scotland , 2010, p10.

The above system is designed to support children and young people in care to achieve their potential. It is based on the principle that ‘looked after children can overcome childhood diversity and lead successful lives particularly where they are supported by adults who believe them...’ (Audit Scotland, 2010 p13). However, the life prospects of these children and young people are often associated with negative outcomes and difficult experiences. To overcome this prospect, the current legislation places specific

duties on local authorities. The next section specifies the duties of local authorities under the 1995 Act.

### *The duties of local authorities under the 1995 Act*

Under S17 of the 1995 Act, local authorities have a range of statutory duties to a looked after child or young person. These duties are as follows:

- ‘To safeguard and promote the child's or young person’s welfare and take the welfare of the child as its paramount concern’;
- ‘To take steps to promote regular and direct contact between the child or young person who is looked after and any person with parental responsibilities, so far as is practicable, appropriate and consistent with the duty to safeguard the child's and young person’s welfare’;
- ‘To find out, so far as is practicable, when making decisions about the child or young person, the views of the child or young person, their parents and any other person whom the local authority think is relevant’;
- ‘To take account, so far as is practicable, of the child's or young person’s religious persuasion, racial origin and cultural and linguistic background’;
- ‘To provide advice and assistance with a view to preparing the child or young person for when he or she is no longer looked after’ (Scottish Government, 2010b, p7).

The specific advice and assistance that aims to prepare young people for when they are no longer looked after are referred to as Throughcare and Aftercare support. The next subsection defines Throughcare and Aftercare according to the 1995 Act.

## **2.3 THROUGH-CARE AND AFTER-CARE LEGISLATION AND POLICY**

As the previous section showed, the introduction of the 1995 Act brought important advances for looked after young people as it placed new duties and powers on local authorities to assist and guide them in their preparation for independent adult living. To assist local authorities in preparing and supporting care leavers, sections S17 and S29 set out the eligibility criteria to regulate access to throughcare and aftercare services:

- A current looked after person is: a young person who is over school age but less than eighteen years of age and who is being looked after by a local authority. Under section 17(2) of the Children (Scotland) Act 1995, local authorities have a duty to provide advice and assistance with a view to preparing a young person for when they are no longer looked after by the local authority. That duty applies to all looked after children.
- A compulsorily supported person is: a young person to whom the local authority has a duty to provide support and assistance under section 29(1) of the Children (Scotland) Act 1995, that is a young person who has ceased to be looked after over school leaving age but who is under 19 years of age.
- A prospective supported person is: a young person who has made an application to a local authority for assistance in terms of section 29(2) of the Children (Scotland) Act 1995, that is a young person who has ceased to be looked after over school leaving age and is now 19 or 20 years old.
- A discretionarily supported person is: a young person to whom a local authority has agreed to provide support and assistance to in terms of section 29(2) of the Children (Scotland) Act 1995, that is a prospective supported person who the authority has agreed to support (Scottish Executive, 2004a).

Section 30 of the Act stipulates that support can be in cash or in kind depending on the circumstances of the young person and the assessment of the case undertaken by the service providers. Finally, the 1995 Act also emphasises the importance of keeping young people in care until they feel prepared for leaving, and developing support strategies based on inter-agency work (Dixon and Stein, 2005).

### **The Regulations of Care (Scotland) Act 2001**

Section 73 of the Regulations of Care (Scotland) Act 2001 introduced a set of amendments which strengthened the provisions under S29 of the 1995 Act. Section 73 (1) amends S29 of the 1995 Act and places a duty on local authorities to carry out an appropriate assessment of the needs of all care leavers. It also establishes a procedure

for considering representations, including complaints made about the discharge of Local Authorities functions under S29.

Section 73(2) gives Scottish Ministers the power to make regulations about the manner in which assistance is to be provided to care leavers under S29. This assistance is related to whom is to be consulted in relation to an assessment of needs, the way an assessment is to be carried out, by whom and when. Section 73(2) also laid the foundation for the development and introduction of future legislation developed by the Scottish Government. As a result of this power, the Support and Assistance of Young People Leaving Care (Scotland) Regulations were introduced in 2003. In 2004, these regulations were reinforced by the introduction of the Regulations and Guidance 2004. This guidance is considered by professionals to be the main framework after the 1995 Act. The next section considers the key principles of the Regulations and Guidance 2004.

### **The Regulations and Guidance 2004**

The Regulations and Guidance 2004 sets out the grounds which regulate service providers and the support supplied. This framework is underpinned by a set of principles which were established in accordance with the 1995 Act. The first principle refers to local authorities' duty to prepare young people for ceasing to be looked after and to provide advice, guidance and assistance for young people who have ceased to be looked after and are above school leaving age.

The second principle considers the age when leaving care. Care leavers tend to move to independent living at a younger age compared to those without a care background. For a large number of care leavers, the outcomes of leaving care at an early stage of their transition might lead them to experience a less successful transition due to a lack of independent skills and preparation for adult responsibilities. This general principle recommends that young people remain looked after until the age of 18 if it is in their best interest.

The third principle is Corporate Parenting. This means that local authorities and care providers should look after care leavers as other parents would look after their own children when preparing them for adulthood (S73(2)). This idea should be put in place

by means of a shared responsibility and commitment, promoting young people's welfare and ensuring that their needs are adequately addressed.

The fourth principle refers to employment, education and training. Young people in care often achieve poor educational and employment outcomes. As corporate parents, local authorities and care providers should cooperate to ensure that care leavers have the opportunity to achieve their potential within the educational and employment systems. To ensure that care leavers have employment opportunities, local authorities should work closely with Careers Scotland who supports young people in making educational and employment choices.

The fifth principle encourages joined-up working between organisations which support care leavers' pathways. These plans should consider the available resources and strategies that will meet care leavers' needs.

The sixth principle considers young people's aims and outcomes. Young people leaving care often experience a significant number of difficulties in their journey to independence. Through a corporate parenting strategy, young people should receive appropriate and adequate support to achieve positive outcomes. Additionally, young people should have the choice to be looked after until the age of 18, have a plan to support them in moving on to independent living, and have contact with local authorities beyond the age of 18 and at least until 21.

The last principle is the Pathways Assessment. The Regulations and Guidance 2004 introduced the concept of a pathway assessment as a means of planning and assessing leaving care arrangements (Dixon and Stein, 2005). Based on this principle, local authorities should develop pathways plan materials to support young people leaving care based on seven specific dimensions. As discussed in Chapter 1, these dimensions are: 'Lifestyle', 'Family and Friends', 'Health and Wellbeing', 'Learning and Work', 'Where I live', 'Money' and 'Rights and Legal Issues'.

The Regulations and Guidance 2004 also encourages young people's active participation in the development of their pathways plan to ensure that assistance is provided according to their needs. However, the right to be heard might not necessarily determine that the young person's opinion will be given precedence when the final decision is made. Additionally, financial constraints may also limit these young



people's options, participation and the implementation of strategies which will meet their wishes (Shaw and Frost, 2013).

To guarantee that the above standards are met and that young people take part in their transition plans, the Regulations and Guidance 2004 states the need for the allocation of a pathways coordinator. The pathways coordinator is someone who has the duty of assuming overall responsibility for ensuring that strategies are in place according to the plan established. This professional also provides advice and guidance on the Throughcare and Aftercare matters.

The Regulations and Guidance 2004 also reinforces some of the principles established by the 1995 Act in order to ensure the adequacy of the support provided when young people leave care. This framework strengthens the importance of partnership work, particularly with important voluntary services which are able to provide independent advocacy, counselling, advice and information such as what benefits care leavers can apply for (Dixon and Stein, 2005). The Regulations and Guidance 2004 also reinforces the provision of support based on young people's needs and wishes. It highlights the importance of placing young people at the heart of any assessment or pathway plans and emphasises the need for more stability while in care. This framework also highlights the requirement for holistic support strategies based on practical, emotional and interpersonal skills (Dixon and Stein, 2005).

Finally, the Regulations and Guidance 2004 also empowers local authorities to manage financial support according to the needs of the young person. As a corporate parent, local authorities have a duty to financially support young people by means of an adequate financial pack to meet their needs. Nevertheless, it encourages young people to search for employment to fulfil their potential and not rely on benefits.

### **Recent legislative and policy developments**

Getting it Right for Every Child (GIRFEC) was also first introduced in 2004 by the Scottish Government as a strategic approach to vulnerable children and young people in Scotland (Scottish Government, 2010a). GIRFEC has evolved into a framework involving a set of core principles which are now considered in legislation, policy and guidance in the field (Scottish Government, 2012b). It is based on research, evidence and best practice and sets out the development of a coordinated framework focused on a common understanding, a shared language and child-centred approaches across services

(Scottish Government, 2012b). GIRFEC lays the foundation for a way of working that is focused on improving outcomes and encouraging care providers to move from practice-based crisis intervention to a culture of early and preventive practice. It strengthens some of the principles of the 1995 Act, particularly the need to place the child and young person at the centre of thinking, planning and action, and ensure that they are listened to (Scottish Government, 2012b).

We Can and Must do Better was introduced in 2007 and highlights the importance of supporting young people living in and leaving care to become successful and responsible adults. To do so, a series of learning materials for practitioners in the field were developed (Scottish Government, 2013c). The principles of these materials suggest raising young people's aspirations by promoting a holistic intervention which considers individual circumstances and potential (Scottish Government, 2013c).

In 2008, These are our Bairns (Scottish Government, 2008b), reinforced the significance of corporate parenting and emphasised the need to help care leavers manage their transition out of children's services and, if necessary, into adult services (Scottish Government, 2013c).

In 2013, the Scottish Government, through Staying Put Scotland (Scottish Government, 2013c, p3), announced that there:

‘There is a pressing need to narrow the ‘outcomes’ gap between care leavers and their non-looked after peers, and one important way in which we can do that is by providing care leavers with a supportive environment for as long as they need it’ .

Staying Put Scotland (Scottish Government, 2013c) calls attention to young people's entitlement to support into adulthood and the option to return to care if required. This approach specially aims to benefit those with more complex needs and more likely to compress their transition and, consequently, achieve less positive outcomes. Staying Put Scotland also proposes a paradigm shift in thinking about the care system. It reinforces the need for Throughcare and Aftercare provision based on young people's needs rather than their legal status, age or school circumstances. To turn this paradigm into practice Staying Put Scotland suggests that Throughcare and Aftercare practice should be guided by the following principles (Scottish Government, 2013c, pp.13-14):

- ‘Young people are encouraged, enabled and empowered to remain in positive care settings until they are ready to move on’.
- ‘No looked after young person leaves care without the skills and support necessary for success’.
- ‘Local Authorities and their corporate parenting partners will have made explicit their commitment to the ‘Staying Put Scotland’ approach’.

Staying Put Scotland also highlighted the need for ‘interdependency’ before ‘independence’. According to this framework (Scottish Government, 2013c, p15):

‘The notion of independence is perhaps better expressed as ‘interdependence’, more accurately reflecting the day-to-day reality of an extended range of healthy inter-personal relationships, social supports and networks. Local authorities and other corporate parents will want to ensure that their systems, procedures, processes and practice supports this primary focus on relationships for the child or young person, both within their care experience and beyond.’

On the 17<sup>th</sup> of April 2013, The Children and Young People (Scotland) Bill was introduced by Alex Neil. After extensive work with groups such as Barnardos’s, Abelour, Who Cares? and local authority partners, the Bill was passed by Parliament on the 19th February 2014 and became law on the 27th March, 2014. Currently, this legislative framework is termed the Children and Young People (Scotland) Act 2014 (therefore referred to as the 2014 Act). The new act constitutes ‘one of the most substantive reforms of the looked after children’s sector seen in many years’ (CELCIS, 2014, p1). Dunlop (2013, p2) describes the 2014 Act as:

‘...a once in a decade opportunity to make significant strides towards removing many of the structural discriminatory barriers that impede the development of people with care experience’.

Due to its importance, the following section is dedicated to this new legal framework.

### **The Children and Young People (Scotland) Act 2014**

As mentioned above, the 2014 Act is the most significant piece of legislation since the introduction of the 1995 Act with regards to children and young people in Scotland. The aim of this legislation is:

- ‘To help the Scottish Government achieve its ambition to make Scotland ‘the best place in the world to grow up’;
- ‘To strengthen children’s and young people’s rights, as described in the United Nations Convention on the Rights of the Child’;
- ‘To improve and expand the services that support and protect children and families, including looked after children’ (Education, Children and Families Committee, Edinburgh Council, 2014, p1).

To achieve the above aims, the 2014 Acts promotes positive changes based on key principles such as joint working and sharing of information among professionals, as well as some considerable improvements for care leavers (Education, Children and Families Committee, Edinburgh Council 2014). In relation to the latter, the new act takes forward the GIRFEC principles of a child-centred approach and the principles of Staying Put Scotland which stress the importance of delaying transition processes and promoting long-term safe care environments. The 2014 Act also intends to allocate to all children and young people from Scotland a ‘Named Person’ who will act as a key person and contact. It also reinforces the provision of care plans and the need for co-ordinated services to support Scottish children and young people (Scottish Borders Council, 2014).

The 2014 Act also redefines the concept of ‘care leavers’ and Throughcare and Aftercare. According to the 1995 Act, Throughcare and Aftercare support is restricted to young people who are looked after by the local authority on or after the leaving school age. The 2014 Act amends this section of the 1995 Act by replacing the reference to ‘over school leaver age’ with ‘who is at least sixteen years old’. In practice, this redefinition means that from April 2015 care leavers are any young person who ceases to be looked after on or after their 16<sup>th</sup> birthday (CELCIS, 2014). Young people in kinship care or looked after at home will also be included in this new criteria. Currently, the support provided to these groups of care leavers is defined as discretionary.

The 2014 Act also extends the Throughcare and Aftercare services and support to all care leavers up to 26 years old (Scottish Government, 2013c and CELCIS 2014). According to the Greater Rights for Young People in Care (Scottish Government, 2014b):

‘From April 2015, teenagers in residential, foster or kinship care who turn 16 will be entitled to remain looked after until the age of 21...This increased support, to be funded by £5 million a year up to 2020, is in addition to the Scottish Government’s recent commitment to provide support up to the age of 26-years-old for care leavers to help them move into independent living.’

Thus, from April 2015, care leavers have the opportunity to request advice, guidance and assistance from local authorities up to when they are 26 years of age or remain in care until the age of 21. Under the 1995 Act, care leavers were entitled to request advice, guidance and assistance from the local authority until they are 21 and remain in care until the age of 18. In order to implement a strategic and supportive care plan for young people, the local authority has a duty to undertake an assessment to identify the needs associated with each care leaver. If the young person is assessed as having eligible needs, then the local authority has a duty to provide the necessary assistance and guidance to support the young person to meet her or his needs. Although there is not a current definition of ‘eligible needs’, a future description of this concept will be defined by the Scottish Government through a Ministerial Order in due course (CELCIS, 2014).

The 2014 Act also introduces the concept of ‘Continuing Care’. This term refers to:

‘...a new duty on local authorities to provide care leavers whose final placement was ‘away from home’ with a continuation of the kinds of support they received prior to their ceasing to be looked after’ (CELCIS, 2014, p2).

‘Continuing Care’ thus means the continuation of the support, assistance and accommodation (care placement) that was being provided by the local authority immediately before the young person ceased to be looked after (e.g. end of a Supervision Requirement Order or any voluntary arrangements). When young people leave the continuing care placement, they are entitled to request Throughcare and Aftercare support (CELCIS, 2014).

The 2014 Act also offers the opportunity for local authorities to provide Throughcare and Aftercare support to a young person beyond the age of 26, although this is a discretionary power and, consequently, local authorities do not have a duty to implement this measure. In relation to education, the 2014 Act establishes that financial

support for education can be requested until the young person is 25 (previously, it was until the age of 21 or the conclusion of the young person's course) (CELCIS, 2014).

Finally, it is also a Scottish Government ambition to allow young people up to the age of 21 to return to care if needed (Scottish Government, 2014b). However, there is no date for this measure to be implemented yet.

In summary, the 2014 Act and Government's ambition for children and young people in Scotland will bring welcome measures which provide the opportunity of more graduated transitions which are essential to the success of young people leaving care. This is in line with McCormack (2014, p16) for whom:

‘Effective aftercare is built on young people having the opportunity to ‘stay put’ in placements they feel comfortable and secure in until they are ready to move on, so these proposals will make a real difference to the lives of these young people.’

However, these measures may bring some challenges to a system which lacks resources and funding as it will double the eligible population for Throughcare and Aftercare Support in Scotland (CELCIS, 2014).

## **2.4 CARE LEAVERS' MENTAL WELLBEING: POLICY AND LEGAL FRAMEWORK**

Care leavers are considered to be a vulnerable group due to their experiences prior to care which can impact adversely upon their mental wellbeing (Dixon and Stein, 2005). Without appropriate support, young people leaving care may see their mental health problems aggravated, posing added difficulties in their journey to independent living.

As seen in the previous section, the Children (Scotland) Act 1995 and the Regulations and Guidance 2004 clearly assign corporate responsibility to local authorities and care providers over the lives of care leavers, which includes their mental wellbeing. This responsibility involves regulating provision by setting minimum care standards which control the Throughcare and Aftercare practice. In this context, each local authority has responsibility for developing corporate strategies with healthcare specialists according to the specific circumstances of their target population. The health support provided to each young person should be specifically identified in their pathways plans.

Although the 1995 Act and the Regulations and Guidance 2004 are the main legal frameworks for child and youth welfare in Scotland, further policy and legislative frameworks have been introduced to safeguard the mental wellbeing of young people in Scotland. For instance, such measures include the introduction of specific National Care Standards (Scottish Government, 2009a) in health for residential units and the integration of nurses in care services.

The above legislation and policy is complemented by specific legal frameworks in the mental health field such as the Mental Health (Care and Treatment) Scotland Act 2003 (henceforth referred as to the 2003 Act) The next subsection discusses the principles of this Act.

### **Principles of the Mental Health (Care and Treatment) Scotland Act 2003**

The 2003 Act covers individuals suffering from mental health disorders and establishes how they should be treated and how their rights should be safeguarded. The Act defines a mental health disorder as any mental illness, personality disorder or learning disability, and a patient as the person who has or appears to have a mental health disorder. A person is not considered to be mentally disordered because he or she is homosexual, bisexual or transgender, uses drugs or alcohol, or behaves in a way that causes harm, alarm, or distress to another person.

The 2003 Act was developed based on a set of principles that aim to guide its interpretation and the practice of those who look after individuals suffering from mental health issues. These principles are as follows:

- Non-discrimination – People with mental disorders should, wherever possible, retain the same rights and entitlements as those with other health needs.
- Equality – All powers under the Act should be exercised without discrimination based on age, gender, sexual orientation, language, religion, or national, ethnic or social origin.
- Respect for diversity – Service users should receive care, treatment and support in a manner that accords respect for their individual qualities, abilities, diverse backgrounds, age, gender, sexual orientation, ethnic group and social culture.

- Reciprocity – Where society imposes an obligation on an individual to comply with a programme of treatment of care, it should impose a parallel obligation on the health and social care authorities to provide safe and appropriate services, including ongoing care following discharge from compulsion.
- Informal care – Wherever possible, care, treatment and support should be provided to people with mental disorders without the use of compulsory powers.
- Participation – Service users should be fully involved, so far as they are able to be, in all aspects of their assessment, care, treatment and support. Their past and present wishes should be taken into account. They should be provided with all the information and support necessary to enable them to participate fully.
- Respect for carers – Those who provide care to service users on an informal basis should receive respect for their role and experience. They should receive appropriate information and advice, and have their views and needs taken into account.
- Least restrictive alternative – Service users should be provided with any necessary care, treatment and support in the least invasive and restrictive manner, and in an environment compatible with the delivery of safe and effective care. Where appropriate, this should take into account the safety of others.
- Benefit – Any intervention under the Act should be likely to produce a benefit that cannot reasonably be achieved other than by intervention.
- Child welfare – The welfare of a child with a mental disorder should be paramount in any intervention imposed under the Act. The next subsection will introduce how the *2003 Act* protects and safeguards children and young people.

### **The relationship between the 1995 Act and the 2003 Act**

The principles introduced in the previous section should be incorporated into the overall practices of those who work in the mental health field. This includes practitioners who work with care leavers. Additionally, these principles are also in line with the 1995 Act as will be shown below. For example, the 2003 Act protects the interests of young



people by strengthening the duty on local authorities and health services to consider individuals' needs and by establishing the person's right to have access to high quality mental health services until their 18<sup>th</sup> birthday (Fletcher, 2005). Under S2, accommodation, care and treatment should be provided according to the best interests of the young person. After their 18<sup>th</sup> birthday, young people should be supported by adult services, which includes AMHS – Adult Mental Health Services. Further discussion about these services will be developed in chapter 4 when discussing service providers in the mental health field.

According to S25, the rights and wishes of children and young people under the age of 18 should to be considered as well as the views and circumstances of caregivers or 'relevant persons' (Scottish Executive, 2005d). The 'relevant person' must have parental responsibilities and parental rights as defined by S1(3) and S2(4) of the Children (Scotland) Act 1995 (Scottish Executive, 2005d). The 'relevant person' can be a local authority or a person who has reached the age of 16 and is responsible for a minor child. When the young person is looked after, the local authority must be the child's 'relevant person', including when parental responsibilities are shared by a third party (Scottish Executive, 2005d). Young people aged 16 or over who are considered to be incapable of consenting treatment need to be dealt with under the Adults with Incapacity (Scotland) Act 2000. This Act provides a means to protect those with incapacity, for example through finance and welfare guardianship. Young people leaving care might also be protected by the Adult Support Protection (Scotland) Act 2007 which considers vulnerable adults over 16 years old.

Additionally, according to the 2003 Act the relationship between the child or young person and their parents should be protected and any potential harm to this relationship should be minimised, including when the parent is subject to any provision under the 1995 and 2003 Act or the Criminal Procedure (Scotland) 1995 (Scottish Executive, 2005d).

However, focusing on the rights of young people and empowering them may not be sufficient to guarantee successful health outcomes for all care leavers (Lamont, 2009). Helping this specific group may involve additional and specialist support which requires a great amount funding from the care and health system which are often short of resources and funding (Lamont, 2009). Voluntary agencies working in partnership with councils may play an important role by providing therapeutic input, counselling or

befriending. However, extended waiting lists for these services may also be an impediment to better supporting these young people (Lamont, 2009). Moreover, although the use of the 18<sup>th</sup> birthday may be a useful marker to guide practice and limit the access criteria to services, more flexibility is required to meet the mental health needs of these young people as complex issues may remain independently of age.

## **2.5 KEY ASPECTS OF INDEPENDENT LIVING**

### **Education**

According to the UK National Care Advisory Service (2009), education and training are important dimensions to consider when supporting care leavers moving into independence. Although this is a UK national service, the importance attributed to education in Scotland does not differ significantly from the rest of the UK. For example, according to all key informants interviewed in this research, education and training were two important dimensions to take into account when leaving care. This is supported by literature in the field. According to Francis (2008b), educational achievement is generally recognised as a predictive factor in relation to future opportunities. Educational difficulties can have a major adverse impact on many areas of care leavers' lives, such as accommodation, relationships with friends and families, involvement in offending behaviour and financial difficulties (Francis, 2008b). This is also supported by international research in the field which has concluded that:

‘If society wants to improve the life opportunities for care leavers, it is necessary to give them effective help with their schooling and education while they are in care’ (Berlin et al., 2011, p 2496 cited in Stein, 2012, p84).

In 1999 the Scottish government placed education at the heart of the policies in Scotland (Francis, 2008b). Targets were established to achieve a world-class school system in which all young people, despite their background, could achieve educational and personal outcomes and develop as citizens of a modern democratic society. However, this target has been difficult to achieve among young people, particularly among those who are looked after (Francis, 2008b). Research has shown that educational outcomes are particularly poor for care leavers (Wade and Dixon 2006; Mendes, 2009). Poor educational outcomes might be explained by the difficulties experienced during childhood. However, the care system may also contribute to these

outcomes through disruption to schooling when changing placements or failing to provide appropriate support to meet the educational needs of these young people (Scottish Government, 2010b). Therefore, policy and legislation in the field play an important role in ensuring that the practice is regulated and guided to meet the educational needs of care leavers and improve their school attainment.

In 2001, 'For Scotland's Children' established the need to provide a better integration of services (e.g. social work, education, health) through the development of Integrated Children's Services Plans to tackle the different problems associated with looked after children and young people in Scotland (Francis, 2008b). In 2004, GIRFEC recognised the need to develop single shared assessments and plans and the implementation of preventive-lead strategies to tackle disadvantage among looked after children and young people, which included these young people's poor educational outcomes. These policies and innovative ideas led to the development and implementation of the main legal framework for Throughcare and Aftercare in Scotland, the Regulations and Guidance, 2004. According to the Regulations and Guidance 2004, young people leaving care should have the same educational opportunities as their non-looked after peers, including opportunities for further development. To achieve this outcome, the 1995 Act placed a duty on local authorities to support care leavers in achieving positive educational outcomes.

Additionally, the Regulations and Guidance 2004 states that local authorities and education departments have a shared responsibility to fulfil their duties as corporate parents. They should do so, by joined-up strategies for young people to achieve their educational potential, including those with special needs as stated in the Educational (Additional Support for Learning) Scotland Act 2004. The needs of care leavers should be assessed and identified in their pathways plans together with the strategies that are required to meet these needs. These strategies can range from personal learning plans and individualised educational programmes to coordinated plans.

The Regulations and Guidance 2004 also specifies that local authorities should work in cooperation with Careers Scotland based on a partnership agreement. This should be carried out through joint arrangements for planning appropriate education, training and employment opportunities according to the young person's needs and preferences (Scottish Executive, 2004a). To complement such joint strategies, the Scottish

Government has also implemented general programmes to tackle poor educational outcomes amongst vulnerable groups.

More Choice, More Chances (Scottish Executive, 2006a) aimed to identify and tackle the problems experienced by young people who fall into the category NEET (a young person not in education, employment or training). Care leavers are considered to be at risk of falling into this category as a consequence of their life experience and poor educational outcomes. Through this policy, the Scottish Government promotes a joint-work practice to help those who are already identified as NEET to achieve positive outcomes by investing in educational initiatives and employment opportunities. To do so, More Choices, More Chances reinforces the principle of working in partnership with the public, which includes employers, in order to improve and increase work and training opportunities for young people. This policy also opened opportunities to test financial incentives in order to remove financial barriers (e.g. creation of apprenticeships). Finally, More Choices, More Chances reinforces an individual-centre approach to the educational and employment fields by promoting the development of one-to-one support to tackle specific individual's needs (Scottish Executive, 2006a)

Curriculum For Excellence, which started being developed in 2002 and was fully implemented in 2010-11, complements More Choices, More Chances by proposing a forward way of looking at the educational curriculum program. It states that the educational curriculum should integrate:

‘Learning through the ethos and life of the school as a community curriculum areas and subjects, interdisciplinary projects and studies, and opportunities for personal achievement. It recognises that all young people need experiences to equip them with firm foundations, including in literacy and numeracy, for the next stage of learning, and for life’ (More Choices More Chances, 2006a, p17).

Thus, Curriculum For Excellence reinforces the need for a flexible learning system which takes into account personal needs, issues and abilities so that no young person feels left behind. It also reinforces the duty of local authorities to provide appropriate education to those pupils who require additional support because they are moved to a care setting and require being reintegrated in a different school.

Based on Skills For Scotland (2007), a program which aims to support young people with educational problems to remain in education, The 16+ Learning Choices: Policy and Practice Framework was implemented in 2010 (Scottish Government, 2010d). This framework guides education partners in delivering and implementing the Curriculum For Excellence to young people over 16 and to aid them to progress into positive and sustained post-16 destinations. This policy is based on the principle that staying in school is the best way to ensure long term employability. To motivate young people to remain at school, this framework looks for a learning system focused on personalization, choice and individualised needs and aspirations. In order to provide this level of support, The 16+ Learning Choices pays particular attention to those at risk of moving into a negative destination and who are considered to require more choices and more chances to achieve a positive and sustained education. To do so, Skills for Scotland recommends the development of an educational model based on the following:

- 1) promoting a vast range of educational opportunities based on personalisation and choice,
- 2) providing the right support to remove barriers that might restrict young people's learning choices and information, advice and guidance; to help young people take up and sustain their offer,
- 3) developing the right offer for young people and not the choice which pays best or offers the most generous support'.

The above model is also in line with GIRFEC which promotes a coordinated strategy between services and a person-centred approach when supporting children and young people. In relation to care leavers, The 16+ Learning Choices: Policy and Practice Framework (2010d, p13) reinforces that:

‘For these young people, needs-led targeted assessment and planning must start early, often at the transition from primary to secondary school; and should bring in wider services for children and young people as appropriate. Local authorities will require to fulfil their specific responsibility as the ‘corporate parent’ for young people who are Looked After or leaving care, harnessing the support of the wider Partnership to deliver better outcomes for this group.’

Other examples of support in the education field are the link worker exclusively placed at universities to support young people in and leaving care who have applied for Higher Education. The implementation of this measure was based on evidence which showed that, once attending higher education, care leavers tend to face severe difficulties such as financial issues, year-around accommodation and a lack of someone to encourage during stressful moment (Martin and Jackson, 2002).

## **Employment**

As a consequence of their low qualifications, poor emotional and psychological resilience and lack of social skills, care leavers' employment outcomes are particularly poor (Wade and Dixon, 2006; Mendes, 2009). As a result, many of these young people rely on benefits and live in poverty (Broad, 1998; Mendes, 2009). To support care leavers in achieving positive employment outcomes, the Regulations and Guidance 2004 places a duty on local authorities as corporate parents to assist care leavers search for, attain and maintain employment. Similar to education, these strategies should be specified in a pathways plan and the pathways coordinator should be responsible for assisting and guiding the young person in this process (Scottish Executive, 2004a).

The 1995 Act, together with the Regulations and Guidance 2004, establishes the need for partnership strategies between local authorities and employment agencies. In the context of this partnership work, Throughcare and Aftercare services work directly with voluntary agencies, Job Centres and Careers Scotland to provide an appropriate educational or employment plan according to a young person's needs and preferences.

To complement the above legislation, a number of policy developments have been introduced in the UK (Department for Education and Skills, 2007; Mendes, 2009). According to Daniel (2002) and Dixon (2006) (cited in Mendes, 2009), national policy developments such as More Choices, More Chances (2006) were introduced with the aim of providing job readiness courses that cover introductory or refresher workshops in basic subjects such as IT as well as work experience placements within local authorities. These strategies became important in a time marked by an economic and social crisis when young people, particularly those considered vulnerable, saw their employment opportunities significantly reduced.

## **Housing**

Setting up a home has been considered one of the most important factors associated with a successful independence by young people, services providers and legislation and policy in the Throughcare and Aftercare field. For instance, according to the Regulations and Guidance 2004, the provision of suitable accommodation can make an enormous difference to a young person in making a successful transition to adult living (Scottish Executive, 2004a). This idea is reinforced by the Housing Options Protocols for Care Leavers (Scottish Government, 2013b). According to this document, the allocation of appropriate and suitable accommodation reduces the chance of repeated breakdowns and homelessness and facilitates a sustained engagement in education, training or employment.

Due the importance of this dimension, the Regulations and Guidance place a duty on local authorities to provide suitable accommodation according to the needs of young people considered currently looked after or compulsory supported (Scottish Executive, 2004a). This includes ensuring that young people only leave care when they are prepared and that they have appropriate support to succeed in their arrangements. In addition, the Regulations and Guidance 2004 states that young people should not be placed in unsuitable settings such as B&Bs, homelessness hostels or in inappropriate locations (Scottish Executive, 2004a).

In 2013 the Scottish Government published Housing Options Protocols for Care Leavers (Scottish Government, 2013b). This protocol aims to ensure that all corporate parents and community planning partnerships adhere to specific principles and comprehensively address care leavers' housing and accommodation needs. Through this guidance, the Scottish Government aims to guarantee consistency in the development and implementation of housing options to help ensure that care leavers are regarded as a priority group by all corporate parents and that strategies which promote successful transitions are in place. To do so, this framework developed three main principles to be followed by agencies (Scottish Government, 2013b, p8):

- 'Staying Put: Looked after young people are encouraged, enabled and empowered to remain in positive care placement until they are ready to move on.'

- ‘Extended and Graduated Transitions: Looked after young people are supported to (1) move on from their care placement in a gradual and phased manner, over a period of time; (2) to test out their independence; and (3) return to an appropriate care setting which takes account of their age, maturity and ability (if and when such a move is in their interests).’
- ‘Post Care Accommodation and Housing Options (which this guidance document specifically addresses)’.

The Housing Options Protocols for Care Leavers also defines as principles of good practice the following grounds (Scottish Government, 2013b, pp 13-15):

- Connection and Belonging – ‘The support made available by corporate parents should reflect the notion that to survive and thrive individuals need to be ‘interdependent’, part of a network of positive relationships’.
- Readiness of Care Leavers – ‘Readiness’ is the ability of a care leaver to effectively care for themselves. Agencies involved in supporting a care leaver through the transition out of a care setting will want to ensure that the individual is properly assessed, their needs identified and support organised before they move’.
- Corporate Parenting – Local authorities and corporate partners have a ‘moral obligation to provide the opportunities and support that any good family would provide’.
- Care Leavers’ Views – ‘Children and young people are entitled to express their views freely, without discrimination related to gender, age, social background and special needs. Care leavers must be actively involved in all decision making processes that directly affect them. Services must ensure that individuals have all relevant information, and opportunities to share their views’.
- Information Sharing – ‘In order to provide the most effective service for care leavers, information may have to be shared among different service providers’.
- Equality and Diversity – ‘Support for care leavers should aim to address the inequalities associated with socio-economic disadvantage, as per the aspirations



and provision of the Equality Act 2010 (Part 1 (1)). Corporate parents and Community Planning Partners will also want to ensure that there is an appropriate range of accommodation and housing options for care leavers, including those with additional needs (such as a disability) or those who are parents'.

To meet the principles established by the 1995 Act, by the Regulations and Guidance 2004 and by The Housing Options Protocols for Care Leavers, service providers developed a wide range of accommodation supply to meet the needs of this heterogeneous group. However, housing supply does not only depend on the options available. Appropriate and suitable housing depends a great deal on the availability of properties within local authorities, as well as the needs, aspirations and circumstances of the young person (e.g. individual's previous housing experiences) and the policies and procedures of housing providers (National Care Advisory Service, 2009). As a consequence of this complexity, housing pathways can be very challenging for some young people who, as a consequence of difficult housing pathways, can end up homeless (Biehal et al., 1995; Broad, 1998; Dixon and Stein, 2005; Stein 2012). The next subsection describes the concept of homelessness and introduces the policy and legislation which protect care leavers.

### *Homelessness*

Young people in and leaving care experience different practical, emotional and psychological problems and, due to this, they are especially vulnerable to homelessness (Department for Children, School and Families, 2009). Homeless people include those sleeping rough, single homeless people living in hostels or any sort of supported accommodation. Homelessness can also be described as statutory or hidden homeless. The former involves individuals who seek assistance from local authorities on grounds that they are currently or imminently without accommodation. The latter involves those who are not identified in official statistics (e.g. squatters, people 'sofa-surfing' around friends' or relatives' houses or people sleeping rough in hidden locations) (Fitzpatrick et al., 2012, p1)

The current relevant legislation for Scotland concerning homelessness and care leavers is the Regulations and Guidance 2004. Although there is specific legislation for

homeless Scotland, according to the Housing Options Protocols for Care Leavers (Scottish Government, 2013b, p23):

‘Using the “homelessness route” to secure a care leaver accommodation often means the transition is insufficiently planned and supported, and therefore with a low likelihood of success’.

According to Regulations and Guidance 2004, local authorities have a duty to ensure that young people never leave care without careful advance joint planning where suitable accommodation and appropriate support are put in place to ensure that they avoid homelessness (The Scottish Government and COSLA, 2008). The need to support young people leaving care and help them avoid homelessness is also highlighted by the Code of Guidance on Homelessness (Scottish Executive, 2005b). This specific guidance states that:

‘In no circumstances should children leave the care of a local authority without alternative accommodation appropriate to the assessed needs of the young person being in place’ (Scottish Government, 2013b, p7).

The above idea was further developed in Prevention of Homelessness Guidance (Scottish Government and the Convention of Scottish Local Authorities, 2009, p29) which states that:

‘Care leavers should never leave the looked after system without careful advance joint planning to ensure that they do not enter the homelessness system at all. Appropriate accommodation and any required support should be in place prior to any looked after child leaving care’.

To guarantee that young people leaving care do not experience homelessness, local authorities should incorporate the needs of young people who are no longer looked after into their local Housing and Homelessness Strategies (Scottish Executive, 2004a). When working with care leavers, local authorities, housing and homelessness services should employ a coordinated effort when exercising their corporate parental functions in relation to the 1995 Act. Additional consideration should be given to regular checks on the houses of those who have been already placed in accommodation and to contingency arrangements in case of emergencies or crisis (Scottish Executive, 2005b).

## **2.6 CONCLUSION**

This chapter has discussed the policy and legal frameworks which regulate Throughcare and Aftercare practices. It showed that policy and legislative developments, such as the Children (Scotland) Act 1995, the Regulations of Care (Scotland) Act 2001, the Regulations and Guidance 2004 and the Children and Young People (Scotland) Act 2014 have contributed not only to guiding professional practices within the field but also to the development and introduction of key principles such as corporate parenting and the pathway assessment. These were important developments which have contributed to more structured and defined practices throughout Throughcare and Aftercare Services across Scotland. This chapter also revealed that when young people need to be assisted due to mental health problems, the above legislation and policy is complemented by the Mental Health (Care and Treatment) Scotland Act 2003.

This chapter also focused on three independent living factors: education, employment and accommodation. These are three dimensions that have been identified as important independent living aspects by legislation and policies in the field. Thus, they were incorporated in this study as areas of particular interest. Similar to the protection and safeguarding of the mental wellbeing of young people leaving care, the 1995 Act, Regulations and Guidance 2004 and the future 2014 Act are the main legal frameworks for children and young people with regard to education, employment and accommodation. All legal frameworks provide a set of principles and grounds which regulate local authorities' and service providers' joined-up strategies.

Despite the policy and legislative progress introduced and discussed here, care leavers are still associated with high levels of disadvantage in terms of transitional outcomes and mental health problems (Dixon and Stein, 2005). In order to better understand care leavers' difficulties and the causes of their lack of practical, emotional and psychological resilience, the next chapter will explore the relevant conceptual framework which considers care leavers' experiences when moving on to independent living.

## **CHAPTER 3**

### **THEORISING TRANSITION TO INDEPENDENCE**

#### **3.1 INTRODUCTION**

Across most Western societies, the transition to independent adult living is usually defined as the period from approximately age 18 to 25 (Hawkins et al., 2004). For young people in general this is a challenging period involving important tasks and goals such as leaving the family home and taking on adult responsibilities. These responsibilities include beginning a career or becoming a parent or a spouse (Cassidy, 2006; Arnett, 2007). Most young people are well equipped to take on these tasks, work on achieving their goals, negotiate their problems and begin their journey to independent living. These successful abilities are mainly due to the development of appropriate skills as a result of positive life experiences and the support of their family and social networks (Hawkins et al., 2004). However, care leavers often lack such support networks and their backgrounds are marked by negative experiences such as family disruption (Biehal et al., 1995) and different sorts of abuse and neglect (Broad, 1998). Additionally, care leavers often accelerate their transition which aggravates their difficult experiences due to a lack of skills (Biehal et al., 1995; Dixon and Stein, 2005). As a consequence of such a cluster of problems, a large number of care leavers are ill-equipped to face the challenges of independent adult living (Dixon and Stein, 2005; Stein, 2012). Thus, moving from care to independence is often a challenging journey rather than a smooth pathway.

This chapter helps us to understand why moving from care to independence is a challenging passage by exploring six theoretical frameworks which consider the leaving care experience. These frameworks aim to provide an explanatory account of why many of these young people are likely to experience greater difficulties when moving into adulthood.

Section 3.2 will briefly explore the concept and meaning of transition in contemporary Western societies. Section 3.3 will introduce the cluster of theories which explain why care leavers experience greater difficulties when moving into adulthood. This section initially explores the importance of Developmental Theories in the context of leaving care. Developmental Theories are a useful framework for understanding the transition to independence as a stage of human life related to the end of adolescence and the

beginning of adulthood. It is a time when substantial developmental changes occur. However, Developmental Theories do not explain fully the specific factors which might profoundly affect young people's development, including their transition to independent living. Thus, to achieve the full meaning of these young people's transitions, other theoretical approaches are also explored. These theories were brought together by Dixon and Stein (2005) to understand care leavers' transitions and they are Attachment Theory, Life Course Theory, Focal Theory, and the concept of resilience.

In accordance with Stein (2004), the above theoretical cluster offers potential explanations for care leavers' transitions from a holistic and systemic perspective involving a mixture of inner and environmental factors. They provide a greater insight into care leavers' transitions, indicating the complexity of a phenomenon that cannot be simply defined or understood by a single approach. As a consequence, all five theoretical frameworks were considered essential and, therefore, adopted in this research to inspire and guide the review of the literature and the field work. I have defined this position as the *middle-ground position*. Epistemologically, this means that this study took into account the influence and impact of psychological and contextual factors on the transition from care to independence. This position is supported by Berger (2001) who suggests that it is likely that most developmentalists assume an eclectic position by choosing the most useful elements of different theories to explain the complexity associated with human development and behaviour. Tarren-Sweeney (2008) also supports the importance of a multi-conceptual framework for understanding mental health issues among children and young people in care as health problems arise from complex time-sensitive interactions between genetics, biological and psychosocial conditions.

### **3.2 THE MEANING OF TRANSITION TO INDEPENDENCE IN WESTERN CONTEMPORARY SOCIETIES**

The importance of studying the transition to adulthood relies on the fact that the success of this journey strongly influences the rest of the young person's life course (Scottish Government, 2013b). This challenging stage of human life has caught the attention of scholars from a variety of disciplines (Coleman, 1961; Schneider and Stevenson, 1999; Arnett, 2000 and 2007 cited in Macmillan et al., 2012). These scholars have identified an increasing deviation from a traditional, normative (Macmillan et al., 2012), age-related and gradual transition pattern (Barry, 2001). According to these authors,

transition processes to independence have become more complex as a consequence of current cultural, social, historical, legal and economical meanings. Due to this, transition has also become more associated with a great level of uncertainty due to the current social and economic climate (Arnett, 2000 and 2007). This complexity has led to the emergence of different definitions concerning the concept of transition. Authors such as Both et al., (1999) and Schneider and Stevenson (1999 cited in Macmillan, 2012) characterise this process as a set of difficult and unclear connections between institutions. Others, such as Buchamann (1989), Hill and Young (1999), and Schoon and Silbereisen (2009 cited in Macmillan, 2012) emphasise that transition is a process influenced by economic and cultural conditions that inhibit or undermine adult social roles. Yet other studies, such as Modell et al. (1976), Schneider and Stevenson (1999), and Arnett (2000 cited in Macmillan, 2012), argue that transition involves the interrelation of adolescent and adult functions. Despite this ontological diversity and complexity, three common factors characterise this process in Western contemporary societies: acceptance of responsibility for oneself, making independent decisions, and becoming financially independent (Arnett, 2007).

In Britain, due to the characteristics of current transition processes and the current social, cultural and economic climate, young people's journeys into adulthood can be a challenging process (Cassidy, 2006). Contemporary transitions often involve diverse routes, many of which are associated with risks and uncertain outcomes, which may lead to protracted and complex transitions (Cassidy, 2006). As a result of this socio-economic climate and challenging process, young people in transition are a high priority for policies concerned with social inclusion (Cassidy, 2006) such as More Choices, More Chances (Scottish Executive, 2006). This framework takes into account the need to overcome social barriers which contribute to social and economic inequalities for children and young people, including those considered vulnerable such as care leavers (Dixon and Stein, 2005).

Arnett (2000 and 2004) suggests that these protracted and complex transitions have contributed to the emergence of an intermediate stage between late adolescence and the mid-twenties which she refers to as '*emerging adulthood*'. This stage is widely recognised in the field of developmental and related theories. According to Arnett, *emerging adults* represent a unique, complex and diverse stage of human development. At this stage, some individuals are at school, others at college or university and some

are not in education. Some young people still live with their parents, others live in their own tenancy, while others have got married and already have their own family. This lack of shared experiences alerts us to the many directions that the transition processes might follow (Arnett, 2004; Hawkins et al., 2004). As a consequence, the meaning of transition has lost its social and age-related meaning and has become intrinsically related to individuals' personal experience (Cassidy, 2006). The complexity associated with *emerging adulthoods* was captured by Hawkins et al. (2004). These authors developed a group of indicators which define emerging young adults' success. These indicators are explained in Table 3.1 below:

**Table 3.1 Indicators of Successful Emerging Adults according to Hawkins et al. (2004)**

<b>Indicator</b>	<b>Characteristics of successful emerging adults</b>
<b>Physical Health</b>	Healthy life style (e.g. nutritious diet, physical exercise, adequate preventive health care, including sexual health, and treatment), Ability to manage and minimise risk taking.
<b>Psychological and Emotional Well-Being</b>	Satisfied with life, Adequate levels of self-esteem, self-efficacy, self confidence and their self-identity, Sense of purpose to accomplish something meaningful.
<b>Life Skills</b>	Decision-making (including decisions about residence, finances, romance, and parenting), Ability to coordinate multiple life roles and have a positive emotional response to life's opportunities and challenges, Positive interpersonal skills (e.g. managing interpersonal conflict). Financial responsibility and positive problem-solving skills.
<b>Ethical Behaviour</b>	Sense of honesty and caring behaviour towards others, Sense of responsibility, Importance attributed to law, common social norms and adult rules of conduct.
<b>Healthy Family and Social Relationships</b>	Sense of trust in their lives, Supportive social networks, High quality of intimate love, romantic, or sexual relationships, Positive relationship with paternal figures.
<b>Educational Attainment</b>	Positive educational pathways.
<b>Constructive Engagement</b>	Involvement with productive pursuits such as study, work, or raising a family, or some combination of these.
<b>Civic Engagement</b>	Involvement with the community in order to improve the social, political, or physical welfare of society.

As mentioned above, the meaning of independence now has a personal meaning that varies according to the background of the young person and his or her personal and social experiences (Cassidy, 2006). This individualised meaning of independence raises concerns in the context of leaving care where young people's life histories are marked by disadvantage, a lack of structure and disruption (Biehal et al., 1995; Broad, 1998; Dixon and Stein, 2005). In contemporary societies, where social inequalities and economic adversities greatly impact on an individual's status and everyday life (Catan, 2004), the nature of care leavers' backgrounds presents as an obstacle that reduces their life opportunities. In order to better understand how these young people's backgrounds affect them, including their human agency (e.g. ability to negotiate) and development of assets (e.g. problem solving and decision-making skills), the next section introduces the cluster of theories which provide important insights into why these young people achieve less effective transitions.

### **3.3 LEAVING CARE: THE THEORETICAL BACKGROUND**

The previous section showed that moving on to independence is a complex and dynamic process in Western contemporary societies. This section illustrates how moving on to adulthood also involves a set of biological, cognitive and contextual changes. five different conceptual frameworks are explored here as complementary explanations for the phenomenon under analysis. This middle-ground position addresses the intellectual challenge of *why* some care leavers do not possess the necessary assets to face the challenges of this complex period and others manage their transition successfully despite their care background.

#### **Developmental Approaches**

Developmental Theories pay particular attention to crucial developmental changes and tasks occurring during adolescence, such as the development of a sense of mastery, identity and intimacy (Zarrett and Eccles, 2006). They attempt to explain how individuals continue to develop, why and how psychological, emotional, behavioural and cognitive functioning changes and progresses (Waters and Sroufe, 1983), and the impact of these transformations on the life course of individuals (Zarrett and Eccles, 2006). In the context of young people leaving care, Developmental Theories help us identify which developmental changes and tasks support effective transitions or contribute to less effective transitions. Ontologically, Developmental Theories are



divided into two philosophical approaches: Traditional, represented by Freud (1896), Piaget (1955, 1977, 1981) and Erickson (1961), and Contemporary or Social Developmental Theories, represented by Vygotsky (1978) and Bronfenbrenner (1974, 1979).

Traditional Developmental Theories provide useful insights into the multitude of developmental changes and tasks during the individual's life course. This is an important insight as early negative experiences might compromise a child's developmental processes and, as a consequence, contribute to future psychological maladaptations leading to poor mental health (Osgood et al., 2010). For example, Traditional Developmental Theories help us understand that *identity seeking* is an important developmental task which occurs at the stage of emerging adulthood (Arnett, 2004). An unstructured 'identity' can be a consequence of violence suffered from parents who were supposed to have a protective role and entering into the care system. All of these factors could lead care leavers to experience feelings of confusion regarding 'who I am' and 'what I want for my life' (based on Erikson, 1979 cited in Ganeson, 2006). The inability to answer these questions can impair the psychological functionality required to structure the young person's identity. As a result, 'identity seeking' becomes an unintelligible, hard, and painful process where the young person may easily lose track of his/her process of identity-building (Erikson, 1979 cited in Ganeson, 2006). As a reaction to this, some young people may develop behavioural issues and distress, and, therefore, mental health disorders (Ganeson, 2006). These issues may lead some of the young people to problematic experiences such as becoming involved in crime and poor mental health which can impair young people's decision-making processes (Osgood et al., 2010). These problems have obvious consequences for their transition to independent adult living.

Contemporary or Social Developmental Theories are the result of advances in the field of Traditional Developmental Theories. They shed light on social, structural and cultural factors and their impact on human development (Edmond, 2000). The existence of social, structural and cultural dimensions is also theoretically in line with developments concerning the contemporary concept of transition as discussed in section 3.2. Moving into independent adult living is no longer a smooth path (Cassidy, 2006) where youths choose between a small and easily understood set of options following high school (Zarrett and Eccles, 2006). It is a complex path where the structural environment, together with individuals' past experiences, shapes human development,

behaviour, and personal meanings (Modell et al., 1976; Schneider and Stevenson 1999; Arnett, 2000 cited by Macmillan, 2012). Thus, Contemporary Developmental Theories state that the transition to adulthood is a systemic process and, as a result, care leavers' transitions are not exclusively related to psychological inner factors and processes, but are highly influenced by structural (e.g. policy), social (e.g. networks) and cultural (e.g. social and family beliefs) elements. The following paragraph exemplifies how this theoretical framework can assist us in understanding how these factors might facilitate or inhibit a successful transition from care to independent adult living.

Contemporary Developmental Theories help us understand that a care leavers' position in the world and their relation with reality is a consequence of the way in which they were educated by adults (Thomas, 1999), who have already been encultured into social patterns (Vygotsky, 1978). For example, young people who grow up in an environment that attributes little importance to education may adopt the beliefs and values of this environment. This enculturation can directly contribute to poor educational and employment outcomes with obvious consequences for their different life dimensions such as their housing pathways as a result of financial poverty.

This systemic perspective also suggests that care leavers' development occurs through cumulative and interrelated experiences (Coatsworth, n.d., p 4). If children do not succeed in adapting to developmental changes and tasks (e.g. by developing a sense of self or establishing effective relationships with others), they are more likely to undergo a maladaptive developmental trajectory. Maladaptive journeys are often characterised by difficulties in negotiating these developmental changes and tasks, leading the child towards psychopathology (Cicchetti and Cohen, 1995 cited in Hawkins et al., 2004).

Both contemporary and traditional developmental theories are also important in understanding the consequences of trauma on the development of children. Trauma might be simply described 'in terms of an event experienced, or the effects or consequences (symptoms) of the event' (Dutton, 2007, p1). It can be classified as severe or small depending on the circumstances, the frequency and the length of the traumatic experience. The relationship between trauma and Developmental Theories is observed in the impact of trauma on the development of the child (Tomlinson, 2004). Children exposed to trauma are at risk of failing to develop their brain capacity to regulate emotions and respond to stress. As a consequence, their ability to reflect and

analyse is reduced and, therefore, their cognitive, emotional and behavioural development is impaired (Cook et al., 2005).

According to Tomlinson (2004), the consequences of a child's exposure to trauma, such as emotional, physical and sexual abuse or witnessing domestic violence, often affects the entire development of the child. Trauma also impacts on core capacities, such as the development of secure attachment and self-regulation during the life course of the child. Thus the exposure to trauma might result in developmental maladaptations which impact on life skills as a consequence of a neurobiological stress-response (Smith, 2011). This idea is reinforced by Cook et al. (2005) who argue that the consequences of severe trauma often result in lifelong developmental problems and impairment which continue throughout adolescence and adulthood, including mental health problems such as depression as well as legal, vocational and family problems.

In summary, applying both traditional and social theories allows us to understand emerging adolescence as an exciting but challenging period where important developmental changes and tasks shape the rest of the life course. However, while Traditional Developmental Theories explain human development based on developmental inner processes, Contemporary Developmental Theories shed light on the influence of contextual elements (social, cultural and structural).

Contemporary Developmental Theories also explain how these elements work as predictive factors for the functionality of the young person during their transition. The complementary nature of both sets of theories allow us to acknowledge care leavers' realities as an integrated whole and accept their life experiences as a developmental process associated with numerous dimensions and factors. This understanding is likely to play a crucial role in informing policy and legislation which aims to regulate practice and improve the overall outcomes of care leavers. Developmental Theories emphasise the importance of services which adequately respond to the specific circumstances of these young people rather than offering general and universal support. In line with this theoretical principle, services should incorporate an understanding of developmental pathways in their policies and operational strategies. This should involve young people's vulnerability and their biological, cognitive, affective, social or behavioural dimensions.

## **Attachment Theory**

According to Furnivall (2011), attachment theory is a framework which analyses individual personality in the context of relationships. Attachment Theory was developed in the 1950s by John Bowlby. It emerged as an attempt to explain behavioural and emotional difficulties based on unsatisfactory interactions between the infant and attachment figures during childhood (Davies, 2004; Stein, 2004). Accordingly, children who have experienced separation or loss of attachment figures, emotional instability, unresponsiveness, danger and harmful behaviour were more likely to display anxiety. This anxiety could result in uncontrolled and unresolved distress or emotional and mental health issues (Davies, 2004). Over time, the child internalises these early experiences which will form the prototype of future relationships with others and the world (Furnival, 2011 and Murphy, 2011). In line with this, a child in care who has developed a positive and secure attachment with foster carers or other professionals is more likely to experience future positive developmental changes. They may feel more confident, more curious in exploring the world, more sensitive to others, and more able to regulate emotions, which includes managing stress, impulses and rage (Furnivall, 2011). If a child has not developed a secure attachment, then he or she is more likely to experience difficulties when performing developmental tasks and developing interpersonal relationships during their emerging adulthood. Thus, those children who have been exposed to trauma, attachment loss and other sorts of abuse before coming into care are at a higher risk of developing attachment difficulties and, consequently, experience related problems such as mental health issues (Furnivall, 2011). This is also supported by Cook et al. (2005) for whom children and young people who have experienced traumatic relationships and backgrounds have their psychological representations of the self and others distorted. This representation impacts upon and impairs these children and young people at the attachment level in the following domains: problems with boundaries, distrust and suspiciousness, social isolation, interpersonal difficulties and difficulty attuning to other people's emotional states (Cook et al., 2005).

Thus, poor mental health problems can be a consequence of poor, traumatic, disruptive and insecure attachments. As mentioned, it is likely that these issues continue to be experienced later in life (Furnival, 2011). For example, during adolescence, when a young person experiences a higher level of maturation (Erickson, 1961; Vygotsky, 1978; Bronfenbrenner, 1979), an increasing sense of the self, independence (Arnett,

2000 and 2007) and socialisation (Platts et al., 2002 cited in Murphy, 2011), the complexity of the relationships also increases. To deal with this complexity, young people make use of their past relational experiences (Murphy, 2011) to promote interpersonal skills which allow them to read and interpret feelings and make appropriate responses in the course of human interactions (Fletcher, 2005). However, for young people in care who have been exposed to disruptive and traumatic relationships and have developed and internalised negative attachment models, referring to past experiences may not be an easy developmental task. Based on their past experiences, they are more likely to develop survival-based behaviours that are rigid, extreme and dissociating. This sort of behaviour can lead young people to experience difficulties in focusing their attention on others, regulating their emotions and seeking help, which contributes to social isolation, disengagement and dysfunctional relationships (Cook et al., 2005). Fletcher (2005) and Murphy (2011) also support this idea. These authors argue that children and young people in care who experience poor attachments are more likely to be less resilient, have poor peer relationships, be fearful in new situations, and lack problem-solving skills and cognitive ability. Smith et al. (2010 cited in Murphy, 2011, p11) added that as a consequence of poor attachments:

‘[Young people] may become reliant on themselves and deny their need for attachment figures and exhibit more extreme or high risk behavioural difficulties in childhood/adolescence and future adulthood’.

Research undertaken by Sinclair et al. (2005) also suggests that children growing up in institutionalised environments are more likely to be intellectually underdeveloped, impulsive and unable to accomplish developmental tasks due to the privation of primary attachments. In this context, attachment theory alerts us for the importance of attachment stability in care placements (Furnival, 2011). According to Furnival (2011), there is a need to invest in improving attachment security and organisation to tackle the physical and mental health problems of children and young people in care. Furnival (2011) also highlights the need to provide appropriate support to the emotional age of looked after children and young people rather than their biological age. As a consequence of the early disruption experienced, which often impacts on individuals’ development, looked after children and young people can be cognitively and emotionally delayed compared to their peers. In line with this, these children and young people may be required to experience situations similar to that of a baby who is comforted by a sensitive mother rather than relate to his or her peers in a dysfunctional

way. This idea has led some residential settings to adopt an attachment-focused intervention based on authentic warmth between adults and children. However, as Furnivall (2011) states, these are challenging strategies as it requires from professionals the development of a high level of attachment with children and young people who are hostile, aggressive and disengaged.

Finally, Attachment Theory also alerts us for the evolutionary and functional nature of attachments to care givers which are conceptualised and internalised as necessary for individual's survival (Murphy, 2011). This means that children are biologically motivated to form attachments to their caregivers. This biological motivation helps to explain why some children and young people form attachments with abusive parents (Murphy, 2011).

Thus, Attachment Theory offers a theoretical framework for understanding care leavers' difficulties based on the experience of early attachments which have shaped and influenced their understanding of themselves, others and the world (Golding, 2008). This approach suggests that if success is intrinsically associated with positive attachments (Fletcher, 2005; Hawkings, 2011), then care leavers who have experienced disruptive, insecure and unsafe attachments are more likely to develop unrealistic expectations and experience vulnerability to mental health problems (Bowlby, 1971 and 1980 cited in Murphy, 2011). By the time they reach the status of care leavers, they might experience various psychological difficulties, such as post traumatic stress disorder (Declercq and Willmensen, 2006 cited in Murphy, 2011), social phobia, global anxiety disorder (Bifulco et al., 2009 cited in Murphy, 2011), bipolar disorders (Mortiss et al., 2009 cited in Murphy, 2011) and eating disorders (Zachrisson and Skarderud, 2010 cited in Murphy, 2011). These psychological difficulties have obvious negative consequences for the transition to independent adult living.

### **Life Course Theory**

Life Course Theory is based on the idea that an individual's life is an integrated whole which includes 'various and often disparate stages, roles, trajectories and transitions' (Macmillan, 2005, p3). Ontologically, trajectories represent the life course dynamics (e.g. the time spent in specific social roles) which take place over an extended period of time (Macmillan, 2005). The onset and end of these trajectories are marked by transitions. Transitions are shorter in duration than trajectories. They involve a set of

individuals and social changes such as when people move from one role to another, begin or cease a course of action, or experience a particular state. Both life trajectories and transitions are two dynamic and interconnected processes, shaped by timing (e.g. age) and structural factors (e.g. level of poverty), norms (e.g. policy and legislation), values and social systems (e.g. social beliefs and values) which affect individuals' behaviour (Macmillan, 2005).

The transition to independent adult living is critical for Life Course Theory as it marks the passage from one of the most prominent stages (adolescence) to adulthood (Macmillan, 2005). This period is essentially characterised by identity seeking and a search for independence where individuals explore future life opportunities such as a career, a university at which to study and so on (Harrocks, 2002). As a consequence, decision-making and problem-solving skills are highly important as what is experienced during this period will be decisive for the continuation of the life course of individuals (Harrocks, 2002).

The theoretical principles of the Life Course Theory are of great significance on two levels when examining the difficulties experienced by care leavers. Firstly, in line with Attachment Theory, care leavers' difficulties during their transition are seen to be rooted in the past of the young people and will therefore influence their future life events. For example, if the young person leaving care has experienced a disruptive infancy marked by neglect, abuse and trauma, his or her present and future psychological and cognitive functioning is likely to be maladapted. Consequently, their abilities in problem-solving and decision-making are also likely to be negatively affected. When moving on to independence, when problem-solving and decision-making are important skills, care leavers may also be disadvantaged (Harrocks, 2002). Due to their lack of skills, they are also more likely to undergo less effective transitions with obvious consequences for the rest of their life course. Thus, care leavers who are associated with a disruptive and traumatic background are more likely to lack internal and external resources to accomplish future developmental tasks and achieve independence as a consequence of their impaired problem-solving ability, executive function and ability to develop relationships (Cook et al., 2005). As a consequence, they are more likely to experience psychopathological problems such as depression and self-destructive behaviors (Tomlinson, 2004).

Secondly, Life Course Theory introduces the idea that certain life events are socially expected (Macmillan, 2005). For instance, society generally requires young people to be individually and socially equipped to face adult life events and responsibilities (Harrocks, 2002) and take decisions for their future within a certain period of time (Dixon and Stein, 2005). However, this social belief may have serious implications for some care leavers as their maladaptive psychological and cognitive functionality leaves them lacking adequate problem-solving and decision-making skills to deal with adult events and responsibilities (Dixon and Stein, 2005; Ganeson, 2006; Osgood et al., 2010; Harrocks, 2002). As a consequence, they require a coordinated response and more support when moving into independent living compared to their non-looked after peers.

This theory has significant policy and practical implications. Firstly, it strengthens the ideas introduced by Developmental Theories that services should be responsive to the development and functionality of young people rather than offering general and universal support (Hawkins et al., 2004). Secondly, it highlights the importance of early preventive strategies for tackling the issues experienced in childhood and adolescence which might affect the rest of an individual's life course. In terms of practice, this theory has implications for the development of pathways plans. The adoption of Life Course Theory suggests that when planning pathways towards independence, care leavers' biographies, personal characteristics, and social backgrounds should be taken into account (Harrocks, 2002).

### **Focal theory**

Focal Theory or the Focal Model of Adolescence was developed by Coleman and Hendry (1990) in an attempt to overcome some of the contradictions between psychoanalytical and sociological approaches. The significance of Focal Theory in understanding the difficulties experienced by care leavers relies on the principle that patterns of issues, attitudes and concerns are often developmental, age and experience related (Dixon and Stein, 2005). For instance, concerns about peer acceptance and rejection are predominant during middle adolescence, while conflicts with parents, identity seeking, and the search for independence are prominent in emerging adulthood (Hendry et al., 1996). Meanwhile, attempting to be independent, and looking for housing and a career, are outstanding developmental tasks in early adulthood (Hendry et al., 1996). As a consequence of well defined age-related experiences, the transition to adulthood should occur without major problems. In this context, individuals are able to



negotiate through human agency the developmental challenges and tasks and perform the roles which are socially expected as they focus on tackling appropriate developmental issues one at a time (Hendry et al., 1996 and Dixon and Stein, 2005). However, care leavers often do not have the opportunity to experience age-related circumstances. For instance, concerns about being accepted by parents that should have been experienced during infancy might still be felt during emerging adulthood due to their past experience of rejection.

Moreover, while young people in general might leave their family home when they are ready to go to university and return if necessary, care leavers often accelerate their transition and move into independence at the age of 16 when they are ill equipped to face the vicissitudes and challenges of adult responsibility (Stein, 2004). Additionally, they also lack the support of consistent and constructive family social networks. Due to this, care leavers are more likely to have to deal with several changes and tasks simultaneously and which are not age appropriate, such as looking for a home, finding a job and coping with mental health problems or early parenthood at a very young age (Coleman and Hendry, 1990). These difficulties experience are often aggravated by care leavers' psychological and cognitive functionality which is often underdeveloped and characterised by immaturity, insecurity or a lack of independent skills to tackle problems (Stein, 2004). As a consequence, they are more likely to experience great difficulties which will subject them to less effective transitions.

### **The concept of resilience**

The theoretical approaches introduced above show that young people leaving care are more likely to fail in their transitions to independence (Biehal et al., 1992) as a consequence of their negative past experiences which have impacted negatively on their overall development (Ganeson, 2006; Osgood et al., 2010). However, while some young people embark on a difficult journey into adulthood and face increased problems, others develop the capacity to undertake different pathways and become fully integrated in the community despite their exposure to negative and traumatic life experiences. Conceptually, this capacity to overcome problems and deal with risk is known as resilience.

According to Seaman et al. (2005, p6), resilience can be simply defined as 'the ability to do well despite adversity'. It is the quality that enables young people:

‘[To] find fulfilment in their lives despite their disadvantaged backgrounds, the problems or adversity they may have undergone or the pressures they may experience. Resilience is about overcoming the odds, coping and recovery’ (Stein, 2005, p1).

To Sinclair (2005), resilience is a general theory which is more likely to be a list of protective factors which increase the likelihood of good outcomes. According to Daniel (2008 cited in Shaw and Frost, 2013), there are three protective or resilient factors which have been demonstrated to have a positive impact on young peoples’ outcomes and experiences. These factors are: at least one secure attachment relationship, access to wider support such as extended family and friends and positive school and community experiences. Drapeau et al. (2007) also identified three factors which impact on young people’s resilience. They are individual factors (e.g. intelligence, social skills, self-esteem, locus of control, empathy, faith and hope), family factors (e.g. affective ties, positive expectations of the child, a democratic parenting style, parents’ mental health and connections with the extended family network) and environmental factors (ties with ‘prosocial’ adults and attending an institution that offers support for competencies, determination and a sense of meaning). According to Rutter (1990 cited in Drapeau et al, 2007), these protective factors do not work by themselves in promoting resilience and need to be understood within the context of the child’s life experience and how they influence the ability to thrive despite negative experiences. Gilligan (2009) also argues that protective or resilient factors are not signs of resilience on their own. According to this author, the effectiveness of these factors depends on three elements:

- ‘The nature of the risk and adversity involved;
- The qualities and experiences of the young person; and
- The qualities of the relationships and environment in which the young person is growing up’ (Gilligan, 2009, p6).

Coatsworth (n.d., p9) defines resilience as a developmental ability to face behavioural, emotional and cognitive issues. As a developmental ability, resilience reflects the developmental notion that there will necessarily be variation in functioning according to adversity and protective factors. This means that resilience can change throughout time. This idea is supported by Fletcher (2005) who argues that the child’s early years are biologically and psychologically the most important for the formation of resilience. At this stage, the brain cells are in a developmental state and any damage, independently of

the nature, can be critical for the rest of the life course. If a child is brought up in a violent environment then the brain develops according to this pattern. As a consequence, developmental difficulties in interpreting and interacting with the world, including developing trusting and helpful attachments with others, or maintaining positive relationships, may arise (Fletcher, 2005). Nevertheless, this can change during adolescence as the following paragraph shows.

According to Masten et.al (1990 cited in Driscoll, 2013), the developmental changes in status and functioning which occur during young people's transitions during adolescence and emerging adulthood can provide opportunities to readdress the risk factors from earlier childhood. In this context, moving onto independence provides potential opportunities for a positive turning point in young people's consecutive negative experiences (Driscoll, 2013). Thus, care leavers' transition is not exclusively confined to difficult experiences and poor outcomes. Their transition also involves the experience of predictable and unpredictable turns which can lead them to a resilient pathway which sometimes can be more a consequence of a 'chance' rather than 'good planning' (Driscoll, 2013, p146). In line with this, resilience brings hope to young people leaving care as:

'It acknowledges children's agency and can incorporate the effect of interaction between the child and their environment, in addition to encouraging a focus on strengths and competence rather than deficits and maladjustment' (Luthar and Cicchetti, 2000 cited in Driscoll, 2013, p146).

These turning points can be a result of a single or a series of positive or negative life events, a gradual realisation or subjective experiences (Drapeau et al., 2007). According to Drapeau et al. (2007, p979):

'What is important is not the nature of the turning point as such, but its discontinuity in relation to daily life. The turning point must have a meaning or make sense for the person and provide the necessary impulse for a change in trajectory.'

Drapeau et al. (2007) defined 'turning points' as follows:

**‘Action:** this ‘turning point is associated with an achievement that gives a sense of accomplishment, often in a professional field such as art or recreation. However, it is not the field of involvement that is important, but the sense of accomplishment that it creates. That feeling become the starting point for a shift. It comes from the teenager’s realization that he or she can succeed, from the pride in having been chosen from among a group, or from finally being accepted socially’ (p985).

**‘Relation with an adult:** this ‘turning point is associated with meeting a new person or creating a significant positive relationship. The event that triggers a change is the development of a trust relationship with a significant adult. In general, establishing a trust relationship and the sense of security that grows out of that enables the teenager to continue developing.’ (p986).

**‘Reflection:** ‘For most of the teenagers ... it was their own reflections that marked a turning point towards resilience. The shift was associated with a realization that they were in an impasse. They could no longer carry on in the same direction. They arrived at the turning point with a deep desire for change and they positioned themselves as actors of that change. (p987)

According to Gilligan (2009), turning points may not be always positive. Some less positive experiences, such as hardship of some kind, may help young people be stronger and more resilient.

The above definitions and theoretical grounds observe that the development of resilience is a complex and dynamic process which depends on inner factors (e.g. ability to problem-solve and the capacity to reflect), family dynamics and environmental factors (e.g. support networks and quality housing). Conversely, resilience may be negatively affected by early severe abuse or neglect, genetic inheritance, and placement instability (Fletcher, 2005). In line with this, Dixon and Stein (2005) suggest three categories of care leavers according to their resilience:

- 1) **‘The Moving On’ Group:** these are young people who have experienced a great level of stability, continuity and secure attachments while in care and, as a consequence, have achieved positive throughcare and aftercare outcomes such as a

strong sense of family relationships and educational success before the end of their care career. As they tend to leave care when they feel ready to do so, their transition is gradually prepared and planned. As a result, they successfully accomplish developmental tasks such as a positive cognitive development leading to better educational performance and, often, to further or higher education. They tend to be young women, particularly young mothers for whom pregnancy has brought a sense of adult identity due to the renewal of family relationships with their relatives and partners (Dixon and Stein, 2005).

2) ***'The Survivors' Group***: these are young people who experience a certain level of instability, movement and disruption while in care. They normally leave care abruptly with few or no qualifications which is often followed by a breakdown of the care placement or rushed entry into the labour market. They are more likely to have unsettled experiences after leaving care, including housing instability, periods of homelessness, low paid casual or short-term work, unemployment, and troubled relationships with partners and other people through alternating patterns of detachment and dependency. For many of these young people, their problems are believed to have contributed to their growth and self-sufficiency, although this self-perception is frequently contradicted by high degrees of dependence on agencies in terms of housing support, finances and personal assistance (Dixon and Stein, 2005).

3) ***'The Being a Victim' Group***: this group is essentially characterised by those who had harmful and detrimental experiences while being looked after by their birth family and while in care experienced continuous moves and, consequently, disruptive relationships. They often leave care at a young age following a placement breakdown. They are also less likely to have qualifications and, therefore, have poor career prospects. After leaving care they are more likely to be unemployed, become homeless, have great difficulties in maintaining their accommodation, feel lonely, isolated and have mental health problems (Dixon and Stein, 2005).

According to Stein (2006), the latter group represents 3-5 percent of the care leavers' population. However, these young people seemed to have become the stereotype of a young person leaving care for public and professional consciousness (Shaw and Frost, 2013).

According to Coatsworth (n.d.), some of the factors which might contribute to care leavers' development of resilience in later stages, such as emerging adulthood, are: the adoption of a learning system comprised of information and problem-solving skills; an attachment system which promotes caring relationships with caregivers and friends and the mastery of a motivation system which rewards the young person for successful behaviour and produces feelings of self-efficacy. Additionally, the adoption of a family system which models interpersonal dynamics and personal expectations, and establishes norms for behaviour has also been identified as a factor which contributes to the development of resilience. Rutter et al. (1995) identified that the combination of a strong belief in own's personal ability to control life events and the experience of positive circumstances have helped children and young people in care develop the necessary resilience to be successful. Jackson and Martin (1998) identified that having a supportive relationship at least with one adult who values education, having friends who have successful school performance and pursuing hobbies and interests are all resilience factors among looked after young people.

Finally, it is worth remembering that the concept of resilience has been important to the development of policy and intervention models based on promoting the positive development of children in care, including a focus on competence, empowerment, protective factors, health and life skills. In Scotland, the introduction of GIRFEC in 2004 and Protecting Children and Young People - The Charter (Scottish Executive, 2004b) are examples of positive strategic approaches to problems in order to effectively tackle issues experienced by young people in care and, therefore, develop their resilience.

### **3.4 CONCLUSION**

This chapter has shown that transition to independent adult living is a complex stage of human life, involving on-going developmental processes, tasks and goals which significantly influence the personal experiences of young people and their relationships with others and the world. Contemporary transitions are widely acknowledged as a demanding stage, entailing individual responsibility, independent decision-making and financial independence. In this context, a conceptual understanding of the transition to independence needs to move beyond age-related meanings to encompass a broad range of factors and to acknowledge a diversity of individual pathways towards adulthood.

In view of the fact that transitions to independent living are generally challenging for young people, concerns arise in the context of leaving care where young people's life histories are marked by disadvantage, a lack of structure and disruption, among other issues. To understand the complexity of care leavers' difficulties, this chapter discussed the cluster of theories adopted by this research which support the development of a systemic understanding of their transition. Without this theoretical understanding, it would be difficult to comprehend the process of transition as a whole.

Developmental Theories were seen as a useful framework for understanding the transition to independence as a stage of human life related to the end of adolescence and the beginning of adulthood when substantial developmental changes occur and important tasks arise. These theories were also important to understand that the psychological and cognitive development of children can be affected by a series of negative experiences such as the exposure to trauma as a consequence of disruptive early attachments which can result in future developmental maladaptation. In accordance to this, Attachment Theory reinforces Developmental Theories by considering the impact of separation and loss, the unresponsiveness of attachment figures, emotional instability, danger and harmful behaviours experienced in childhood on the child's development. Attachment Theory introduces these issues as predictive factors of a poor psychological and cognitive functionality in emerging adulthood. In line with this, Life Course Theory strengthens the idea of human development as a continuous and longitudinal whole where the causes of care leavers' difficulties are found in the past. Their present reaction to such challenges has an effect on their future interactions with others. Focal Theory adds to these three theoretical conceptions the perspective that these difficulties might be aggravated by the experience of simultaneous circumstances, events, issues and concerns, which might not be developmentally appropriate to care leavers. Resilience offers us a framework based on the identification of specific factors which can contribute to successful and resilient pathways towards adulthood. In this context, care leavers' transition is not only confined to difficult experiences and outcomes. Their transition also involves the experience of predictable and unpredictable turns which can lead them to a successful independence.

The above theoretical approaches – referred to as the middle ground position in this thesis – address the leaving care experience as a whole involving inner and

environmental factors and important dimensions. They also provide greater insights into care leavers' experiences in Western contemporary societies that, due to their complexity, cannot be simply understood by using a single approach. As a result, each theory was considered of significant value to this study and were all adopted in this research to inspire and guide its literature review and field work. The following chapter discusses the previous research related to the experiences and outcomes of care leavers during their transitions.



## **CHAPTER 4**

### **THE EXPERIENCE OF LEAVING CARE**

#### **4.1 INTRODUCTION**

Chapter 2 introduced the legislative knowledge and policy guidelines which regulate practice in the leaving care field. Chapter 3 presented the theoretical framework which explains care leavers' psychological, emotional and cognitive difficulties. This chapter complements chapter 1 and 2 by discussing previous research findings about young people leaving care.

Section 4.2 will discuss the relation between research, policy and service provision for care leavers. Section 4.3 will consider the mental wellbeing of young people leaving care and some of the most serious symptoms associated with depression and experienced by the young people. These symptoms are suicidal thoughts and intention; attempting suicide and self-harm. This section will also appraise the relationship between depression and substance misuse, and the current service provision for assisting care leavers in dealing with their mental health needs. Finally, section 4.4 will discuss the education, employment and accommodation pathways of young people leaving care.

#### **4.2 SERVICE PROVISION FOR CARE LEAVERS**

Between 1970 and 1989 a number of studies revealed a lack of political interest in the subject of leaving care and, therefore, in supporting care leavers (Burgess, 1981; Stein and Ellis, 1983; Stein and Maynard, 1985 cited in Stein, 2004). Despite the introduction of the 1948 Act, the support provided for young people leaving care was often inconsistent and inadequate (Lupton, 1985; Morgan-Klein, 1985; Stein and Carey, 1986 and 1989 cited in Stein, 2004). This inadequate support was a major contributing factor to care leavers' poor outcomes (Godek, 1976; Mulvey, 1977; Kahan, 1979; Triseliotis, 1980 cited in Stein, 2004). Studies carried out during the 90s continued to show that care leavers were still one of the most emotionally, mentally and physically vulnerable groups in society. For example, Biehal et al. (1995 cited in Dixon and Stein, 2005) and Broad (1998 cited in Dixon and Stein, 2005) strengthened the idea that care leavers' poor mental health was a consequence of their experiences prior to care which are frequently marked by physical and emotional abuse, neglect and the inability of their parents to cope with and meet their needs. Both studies provided evidence that a large

proportion of care leavers were still accelerating their transition, which was denying them the development of appropriate independent living skills. According to Fry (1992), the existing conflict between foster families and social workers in relation to the time of leaving care contributed to these early moves. The former were often of the opinion that young people were not prepared for independence and should remain fostered, while the latter seemed to push for an early move.

Biehal et al. (1995 cited in Dixon and Stein, 2005) also identified that placement breakdowns due to behavioural problems and young people's belief that the age of 16 or 17 was the time to move into independent living were also main causes of such accelerated transitions. According to this study, placement breakdowns were caused by care leavers' poor social skills and difficulties in developing positive attachments. The latter was mainly caused by emotional instability and attachment disorders. This idea is also supported by Attachment and Developmental Theories as outlined in chapter 3 and by Dixon and Stein (2005).

Biehal et al. (1995) also found that young people leaving care were more likely to achieve poorer employment outcomes and experience difficult accommodation paths involving debt, evictions or homelessness, than their contemporaries who had never been in care. These findings were supported by Broad (1998) two years later.

Although research in the 90s revealed significant evidence about the reality of leaving care, the studies mainly focused on care leavers in general. The outcomes of specific groups, such as those experiencing mental health problems were considered within this 'general group' and there was no differentiation in relation to their specific experiences, outcomes and problems. The next section complements the evidence introduced here by presenting the contemporary circumstances of leaving care, which is defined as the period starting with the onset of the 21<sup>st</sup> Century.

### **Contemporary Throughcare and Aftercare policy and practice**

In 2002, Dixon and Stein carried out one of the most important studies on Throughcare and Aftercare provision in Scotland. The study focused on the way local authorities carried out their duties and powers under the 1995 Act. It involved a sample of 107 care leavers in three local authorities. The study was published in 2005.

Dixon and Stein (2005) found that, although the 1995 Act highlights the need for a planned transition where young people should have the opportunity to choose when to leave care, only 33% of their sample had had the option to choose when they wanted to leave care, 26% 'had some choice' and 40% had no choice. Consistent with Biehal et al. (1995), the reasons for this unstructured and unplanned transition included young people's personal belief that the age of 16 is the right period to leave care, a lack of contentment with care placements, and placement breakdowns due to behaviour problems and life changes (e.g. going to college or moving in with a partner).

Dixon and Stein (2005) also found that, although the 1995 Act suggests that young people only leave care when they feel prepared, half of their sample reported not feeling ready to leave care when they did so. The reasons for this lack of preparation included young people's lack of opportunities to develop the necessary skills to deal with the challenges of adulthood and early moves that did not allow them to engage with the support provided (e.g. independent living programmes).

Dixon and Stein (2005, p62) also found that 'it was apparent that many young people had received some informal and *ad hoc* preparation'. The outcomes of this kind of *ad hoc* preparation are unknown, but it is not advisable to use informal and *ad hoc* strategies in place of a planned strategy as they may not be as effective. This is supported by research (Biehal et al., 1995; Broad, 1998; Dixon and Stein, 2005) which shows that good outcomes are related to a planned and gradual preparation for independence (Dixon and Stein, 2005). The *ad hoc* nature of support strategies was also found to be related to contingency plans, which were mainly based on the resources available rather than on young people's needs due to lack of foster placements, residences or independent housing (Dixon and Stein, 2005).

Finally, Dixon and Stein (2005) also observed a set of positive developments in the organisational context of the Throughcare and Aftercare support delivered across Scotland. Some local authorities put in place a cooperative working model where young people were encouraged to be involved with important decision-making processes.

In 2003, the Scottish Government acknowledged that, despite legal and policy developments, more was needed to enable care leavers to achieve similar outcomes as their contemporaries (Dixon and Stein, 2005). As a consequence, the Regulations and Guidance 2004 was introduced in order to amend specific grounds of the 1995 Act and

reinforce some of its principles (Scottish Executive, 2004a). As discussed in chapter 2, it is worth noting that the Regulations and Guidance 2004 was particularly important to the development of the Corporate Parent Working Model, which has been largely adopted by current Throughcare and Aftercare departments as the next sub section will show (Scottish Executive, 2004a).

### **Contemporary organisational models of Throughcare and Aftercare**

In the 1980s, the economic context and consequent social changes (e.g. high levels of unemployment, shortage of housing and reductions in social security) led many care leavers to difficult situations such as homelessness (Stein, 2012). Organisations providing leaving care support and the young people themselves worked to have the voice of care leavers heard. This led to the development and implementation of different services of Throughcare and Aftercare support. According to Stein and Wade (2000 cited in Stein, 2012, p32), four main models of authority-wide provision were identified in the UK. They are as follows:

- A *non-specialist service*, where the responsibility for delivering a service rests primarily with field social workers, sometimes in collaboration with young people's carers.
- A *centrally organised specialist service*, consisting of a centrally organised team of leaving care workers providing an authority-wide service, primarily for care leavers.
- A *disperse specialist model*, where individual specialist leaving care workers are attached to area-based fieldwork teams.
- A *centrally organised integrated service*, that attempts to provide an integrated service for a wide range of vulnerable young people 'in need' such as homeless young people, young offenders and young disabled people. Integration was facilitated through a multi-agency management staffing model.

Dixon and Stein (2005) found in their study carried out in 2002 that under a third of local authorities in Scotland had neither specialist teams nor specialist staff with direct responsibility for providing Throughcare and Aftercare services. Most of these

departments were located in rural areas where the number of young people leaving care and eligible for Throughcare and Aftercare support was low (Stein, 2012). In contrast, 68% of local authorities had a specialist team or specialist staff with direct responsibility for providing Throughcare and Aftercare services (Dixon and Stein, 2005).

The introduction of the principle of a *corporate parent* by the Regulations and Guidance 2004 to meet S19 and S21 of the 1995 Act led to the current Throughcare and Aftercare structural provision - Corporate Parenting Model - and the most recent legislative, policy and research developments (Scottish Executive, 2004a).

The Corporate Parenting Model is based on the principle of multi-agency work where the responsibility to assist care leavers is extended and allocated to all agencies and departments involved with these young people, including housing and employment departments (Dixon and Stein, 2005). Although social workers and Throughcare and Aftercare workers might take the lead role in this process (e.g. as pathways coordinators), they draw on the wide range of support offered by other professionals (Dixon and Stein, 2005). This model brought to the system more clearly defined structures, roles and responsibilities and an increase in the range of support provided in order to ensure that young people receive and make use of the services they require for an effective transition to adulthood (Dixon and Stein, 2005).

Within this cooperative working model, the voluntary sector was found to be an important key partner as it provides a wide range of support for care leavers in addition to the support provided by local authorities. A great number of these voluntary services are incorporated into local authorities' departments through formal agreements and their work includes: improving preparation for independent living, accommodation, tailoring individual support, accessing education, training and employment, assisting with health and wellbeing, improving participation for care leavers and providing information (Stein, 2012).

The above services might be particularly important for young people with additional difficulties, including those suffering from mental health problems as they may provide specific and specialist support according to their individual needs. However, as previously mentioned, little is known about the experience of this specific group of care

leavers. The next section explores the mental wellbeing of young people in and leaving care.

#### **4.3 THE MENTAL WELLBEING OF CARE LEAVERS**

McCann et al. (1996) found that in two English councils 57% of children in care had mental health problems, specifically conduct disorders, over anxiety and major depressive disorders, compared with 15% of children not in care. Phillips (1997) found that 80% of looked after children and young people were believed by social workers to be suffering from a mental disorder but only 27% had received any therapeutic input. The explanations for this were twofold: inadequate child mental health resources and insufficient local authority funding. Similarly, Dimigen (1999) revealed that a significant number of adolescents were suffering from severe or potentially treatable psychiatric disorders which had gone undetected. This is a serious concern as a lack of effective support may exacerbate these young people's fragilities.

McCann et al. (1996), Dimigen (1999) and Ridley and McCluskey (2003) found that children in foster care were happier, healthier, ate better, exercised more, drank less and were less likely to take drugs than institutionalised children. These findings are not surprising as, based on Attachment Theory, stable foster placements provide the environment and warmth that these young people need to accomplish developmental challenges and tasks successfully. In contrast, Ridley and McCluskey (2003) found that 56% of young people aged 14-24 living in residential units and supported tenancies were suffering from high levels of depressive mood and low self-esteem, particularly women (33% compared with 23% of men), and that 45% of them had self-harmed. Similarly, Meltzer et al. (2003) found that 39% of young people in residential care had self-harmed compared with 18% of young people living with their birth parents and 14% of young people living in foster care.

Dixon's and Stein's carried out in 2003 and published in 2005 also found high rates of mental health problems among their sample involving 107 care leavers, particularly emotional and behavioural problems, including depression; eating disorders; verbal, physical or sexual aggression; threatening or volatile behaviour; alcoholism; offending; mood swings; ADHD; self-harm and emotional issues related to past experiences, abuse, bereavement or rejection. More specifically, depression and self harm were

identified as two major issues among care leavers who suffer from mental health problems (Meltzer et al., 2003; Dimigen, 1999; Ridley and McCluskey, 2003).

Meltzer et al. (2004) found that 45% of a sample of 877 children and young people from the 32 Scottish authorities was assessed as having a mental health problem. 38% young people of this group were clinically diagnosed with a conduct disorder, 16% were assessed as having an emotional disorder such as anxiety and depression and 10% were diagnosed with hyperactivity. This study also showed that there were no significant differences in the prevalence of mental disorders between Scotland (45%), England (45%) and Wales (49%).

Meltzer et al. (2004) also identified a significant difference in the mental health rates between children aged 5 to 10 who are looked after and those children who live with their birth parents/private household. These rates were as follows:

- Emotional disorders: 14% compared with 4%.
- Conduct disorders: 44% compared with 4%.
- Hyperkinetic disorders: 11% compared with 1%.
- Any childhood mental disorder: 52% compared with 8%.

Among those children aged 11 to 15, the prevalence of mental disorders for children looked after by local authorities compared with non-looked after children were as follows:

- Emotional disorders: 14% compared with 5%.
- Conduct disorders: 35% compared with 6%.
- Hyperkinetic disorders: 8% compared with 1%.
- Any childhood mental disorder: 41% compared with 9%.

The most common mental health issue among young people aged 16-17 was socialised conduct disorder (16%). This study also showed that about two-fifths of children living in residential care were diagnosed with mental health problems, compared with a half of those placed with foster carers and 44% of those placed with their birth parents. This study also brought to light that children living in foster families were more likely to be associated with good health by their carers (70%) compared to those children living in residential care and to whom their workers attributed lower rates of good health (38%).

Evidence in this study also demonstrated that the general health of children seemed to improve as their placement became more secure.

Akister et al. (2010) added that suicidal ideation might lead to attempting suicide, which is also a major issue amongst young people in and leaving care. The next sub-sections describe the concept of depression and the symptoms of self-harm, suicidal ideation and attempting suicide. The implications of alcohol and drug addiction on the mental wellbeing of young people leaving care will also be considered.

## **Depression**

As discussed in chapter 3, the transition period from adolescence to adulthood is characterised by a series of developmental processes, new experiences and challenges which stir up feelings that might be difficult to deal with (Herbert, 2008). In some cases, this inner turmoil might contribute to helplessness and powerlessness leading some young people to feel depressed and think about suicide (Herbert, 2008).

According to the International Classification of Diseases produced by the World Health Organisation (2010), depressive episodes may be classified as mild, moderate or severe. Symptoms include low mood, reduction of energy and decrease in activity, capacity for enjoyment, interest, concentration, and low self-esteem and confidence. Low mood episodes vary from day-to-day, and may be accompanied by a general lack of interest and an absence of pleasurable feelings, sleep disorders or waking in the morning several hours before the usual time. Marked psychomotor retardation, agitation, and a loss of appetite, weight and libido are also common when suffering from depression. The patient may also display feelings of guilt or worthlessness. Other episodes may be associated with conduct disorders (WHO, 2010).

In the specific context of young people, depression is often related to social events and circumstances, namely the loss of important relationships, the experience of failure, disruptive life transitions, or behavioural and emotional problems which might be experienced as stressful factors (Goodyer, 2001, cited in Carr, 2009). Although the symptoms might start at an early age, it reaches its peak in late adolescence when young people are between 15 and 19 years old (Herbert, 2008). The danger of depression lies in the deterioration of quality of life (Herbert, 2008) and in it being a common feature of suicide (Carr, 2009). Thus, children and young people with depression are at a higher risk of suicide than children and youngsters with other disorders (Carr, 2009; Akister,



2010). As care leavers who suffer from depression are included in this group, understanding suicidal thoughts and self-harm is a high priority when dealing with these young people.

### **Suicidal ideation, suicidal intention and attempting suicide**

Suicidal ideation is identified when individuals report thinking about suicide but they do not have concrete plans to kill themselves (Carr, 2009). The Looked After and Accommodated Children Joint Planning Group (2006, p7) reinforces this idea by stating that suicidal ideation is described as:

‘(...) all thoughts of suicidal behaviour, whether or not formulated into a concrete plan of action. The level of suicidal ideation may vary from completely absent to continuous and overwhelming’

Suicidal intention is characterised by advanced planning, including taking precautions against recovery, using a lethal method, avoiding help and carrying out a final act such as writing a suicide note (Carr, 2009). Due to this, individuals with suicidal intention are at a higher level of risk of attempting suicide and its danger lies in the fact that the line between an intention and an act is brittle (Carr, 2009).

In Scotland, suicide is an issue of growing concern as rates have increased by 13% since 1988. Scotland has an average of two people dying every day from suicide, 7000 being treated in hospital following suicide attempts, with 13% of self-harmers admitted to hospital dying in the next 5-10 months from suicide (Looked After and Accommodated Children Joint Planning Group, 2006). The causes of suicidal ideation, intention and attempts among young people are closely related to their difficult past experiences, which might lead to anxiety (Goldston et al., 1996, cited in Stewart et al., 2008) and depression (Stewart, et al., 2008). This is supported by Carr (2009, p67) who suggests that:

‘Ongoing conflicts with parents, particularly if this entails physical, sexual or emotional child abuse, are strongly associated with completed suicide. More severe abuse, combined physical and sexual abuse and chronic abuse are all associated with higher levels of risk.’

According to Hawton et al. (2012 cited in Furnivall 2013) there are three groups of young people who may complete suicide: those whose previous life problems and developmental difficulties have placed them at risk; those living with what would be categorised as major mental disorders; and those for whom suicidal behaviour is a response to a more immediate stressor. According to Furnivall (2013), the backgrounds, mental and emotional difficulties and current life experiences of many care leavers mean that they could fit in any group. Thus, care leavers are at risk of experiencing suicidal behaviour and research in the field has supported this. According to the Social Work Inspection Agency (SWIA) (cited in Furnivall, 2013), two children in care have died from suicide every year since 2000. Thus, suicidal ideation and intention, completed suicide and self harm are issues which deserve more research attention.

The causes of suicidal behaviour among care leavers can be traced to these young people's pasts which are marked by difficult experiences. As a result of this and the consequent stress, young people might perceive suicide as a way of escaping from psychological pain and the only feasible solution to a difficult problem (Carr, 2009). This is supported by the Looked After and Accommodated Children Joint Planning Group (2006) which shows the existence of specific risk factors among looked after young people. These factors are: acrimonious parental splits, low economic status, breakdown of foster placements, unexpected events such as the death of a friend or parent, childhood abuse, imprisonment, sexual assault/abuse, barriers to achieving goals, lack of informal networks, health problems, legal proceedings, among others. However, the causes of suicide might also be motivated by revenge, a way of expressing aggression, or to retaliate or punish a parent or a romantic partner for their hostility or for leaving them (Carr, 2009). Nevertheless, suicidal ideation, suicide intention and attempting suicide might also represent self-punishment due to feelings of guilt and for not being good or able to meet expectations (Carr, 2009).

According to the Looked After and Accommodated Children Joint Planning Group (2006), the vast majority of suicidal attempts are based on a genuine intention of dying. It is a time when the young person has given up on his or her hopes of finding solutions for their numerous problems. Suicidal intention might also be accompanied by self-harm behaviour. Although these two behaviours might overlap, they are generally different from each other. As the following sub-section will show, the difference between suicide and self-harm is the level of intent. Nevertheless, 'intent' is a difficult and subjective concept to define and measure and can represent a challenge for

professionals working with young people (Looked After and Accommodated Children Joint Planning Group, 2006).

## **Self-Harm**

According to Hawton et al. (2002, cited in Heller, 2004), self-harm or parasuicide means an act with a non-fatal outcome in which an individual deliberately does one or more of the following: self-cutting, jumping from a height or ingesting of a substance in excess. The Royal College of Psychiatrists defines self-harm as:

‘(...) an intentional act of self-poisoning or self-injury irrespective of the type of motivation or degree of suicidal intent’ (Royal College of Psychiatrists, 2010, p6 cited in Furnivall, 2013).

Thus, self-harm can be attributed to many different motives and assume as many different acts (Hawton et al., 2002)

The number of young people self-harming in the UK has increased in recent years (Crawford et al., 2003; Young et al., 2007). In 2009/10, 13,000 individuals were admitted to hospitals in Scotland to treat self-harm related injuries (Information Services Division, 2012 cited in Furnivall, 2013). However, concerns arise when it is known that a great number of cases do not come to the attention of medical services (Hawton and James, 2005).

According to Hawton and James (2005), the reasons underlying self-harm are: the will to die, escaping from unbearable anguish, attempting to change the behaviour of others, escaping from a situation, showing desperation to others, seeking help, ‘getting back at’ other people or making them feel guilty, and gaining relief from tension. Additionally, the risk factors which might lead to self-harm are: difficulties or disputes with parents, peers, boyfriends or girlfriends and disputes with siblings. Other risk factors are poor physical health, school or work problems, depression, bullying, low self-esteem, sexual problems, awareness of self-harm by friends or family, and alcohol and drug abuse (Hawton and James, 2005).

Research shows that 10% of young people who have self-harmed once are likely to do it repeatedly during the following year and the risk of suicide after deliberate self-harming varies between 0.24% and 4.30% (Hawton and James, 2005). The risk factors associated with repeated self-harm are: previous self-harm, personality disturbance,

depression, alcohol or drug misuse, disturbed family relationships, chronic psychosocial problems and behaviour disturbance, alcohol dependence in the family, social isolation and a poor school record (Hawton and James, 2005). These are factors often identified in young people who live in and are leaving care as discussed in previous chapters. Thus, care leavers are not only at risk of self-harming, but also of doing so repeatedly.

Self-harm as well as suicidal ideation is often aggravated by the abuse of alcohol and drugs. Due to the fact that a great number of young people in and leaving care consume alcohol and drugs (Hill and Munro, 2005, cited in Looked After and Accommodated Children Joint Planning Group, 2006) the next section explores this subject.

### **Substance misuse**

For young people in particular, the reasons for substance intake might be related to an essential rite of passage specific to contemporary Western societies where alcohol and drug consumption are promoted as part of adult culture (Ward et al., 2003). Substance misuse can also be related to the need and curiosity to experiment with new events, situations and circumstances which characterise adolescence (Ward et al., 2003). Nevertheless, rebellion against adults' restrictions, the search for fun, confidence and identity or an opportunity to create a relationship, take a risk or escape from emotional and psychological pain have all been identified as factors which lead young people to consume alcohol and drugs (Ward et al., 2003)

Although the risk factors mentioned above can also be associated with care leavers, the high incidence of psychological and behavioural problems as a result of negative pre-care and in care experience has been highlighted by Colton et al. (1991), Hendricks (1989) and McCann et al. (1996) as one of the main causes which explain these young people's consumption of alcohol and illicit substances (cited in Ward, 2003). Ward et al. (2003, p4) added to these causes that residential care homes provide a space where:

‘(...) readymade peer groups’ that can increase the chances of peer pressure in relation to trying out illegal substances, added to pressure of fulfilling a need to feel part of a substitute family group after experiencing breakdowns within their own home environments. Where drug use may have become established while living in state care, risky drug using patterns of behaviour may develop as a young person exits from the system to live independently.’

Murphy (2011) also highlighted that care leavers' lack of future aspirations can lead them to seek immediate gratification rather than delayed fulfilment. As a result, they are more likely to engage in risk taking behaviour, which includes substance abuse.

According to Dixon and Stein (2005), there is evidence which showed that young people in care are at a higher risk of consuming alcohol and drugs. According to Ward et al. (2003), 73% of young people reported using cannabis and 10% reported weekly use of a class A drug. Meltzer et al. (2006) also found that a third of young people reported drinking alcohol at least once a week. Dixon and Stein (2005) found that 22% of their sample reported problems with substance abuse. Some young people had problems with both substances. However, when questioning professionals, Dixon and Stein (2005) found that workers were of the view that this percentage was higher.

Although a great number of young people who consume alcohol and drugs do not develop problems, there are those for whom the consumption of either substances becomes problematic. For instance, Choquet and Menke (1990) found that young people who experiencing suicidal thoughts are more susceptible to consuming drugs and alcohol which might lead them to suicidal intention and active suicide. Thus, it is important to understand what factors make young people stop consuming illegal substances or alcohol. Based on the work developed by Ward et al. (2003), the following table summarises these factors:

**Table 4.1 Factors which help young people stop or increase their consumption of alcohol and drugs**

<b>Factors which help young people stop having alcohol</b>	<b>Factors which help young people stop consuming drugs</b>
Maturity, Growing out of the need to drink, Having changed living arrangements such as increased responsibilities over their independent living, Parenthood, Health problems as a consequence or not from alcohol.	Financial issues, Accumulating more responsibility and maturing out, Changing social groups, Feeling less need to experiment, Because of a personal (mental or physical) health problem, Witnessing friends and loved ones deteriorating as a consequence of prolonged drug misuse, Health problems as a consequence or not from alcohol, Parenthood.
<b>Factors which explain on-going or increased drinking</b>	<b>Factors which explain on-going or increased usage of drugs</b>
Easy access to public houses, Reaching the legal age to be served, Greater psychological needs, Boredom, loneliness and depression, Drinking more as a result of using drugs.	Influence of peer group, Social life changes, Having more money, Increased availability of different drugs, Self-medication style of drug use, Loneliness, Being placed in hostels and B&B.

Ward et al. (2003) also found that those associated with very difficult transitions were more likely to take more alcohol and/or drugs. Additionally, Field (2000) and Jason (2002 cited in Looked After and Accommodated Children Joint Planning Group, 2006) found a strong relation between suicide, self-harm and alcohol and drug consumption. According to these authors, both substances emphasise suicide and self-harm ideation and diminish problem-solving skills. Worryingly, Hill and Munro (2005, cited in Looked After and Accommodated Children Joint Planning Group, 2006) found that 86% of looked after young people abuse substances as a means of coping with pressure. The next sub-sections consider the protective factors and provision of services which help care leavers to deal with their mental health problems and associated symptoms.

## **Resilience factors for a positive mental health**

As seen in chapter 3, resilience can be defined as an ability to find fulfilment in life despite the experience of a disadvantaged background, problems or adversity. Resilience thus ‘is about overcoming the odds, coping and recovery’ (Stein, 2005, p1). Resilience can also be defined as a list of protective factors which increase the likelihood of good outcomes (Sinclair, 2005). These factors can represent potential opportunities for a positive turning point for young people leaving care (Driscoll, 2013). Research in resilience shows that individuals who possess protective factors are more likely to deal better with stress factors and reduce the impact of these elements on their mental health (Plancherel et al., 1994, cited in Dummont and Provost, 1998). Protective factors for positive mental health can vary in nature, but their importance and positive impact rely on their contribution to the development of resilience and young people’s ability to cope with their mental health problems and consequent difficulties and risks.

According to Mclean et al. (2008, cited in Furnivall 2013), positive family experiences, strong connectedness to school, good peer relationships, emotional and cognitive skills and problem solving skills can protect young people who may otherwise be at risk of poor mental health and associated symptoms and behaviours. Dumont and Provost (1998) identified protective factors against poor mental health as social support, coping strategies and social activities. The following paragraphs describe each protective factor in turn.

*Social support* refers to the informative, emotional and instrumental support that is received from family, friends and strangers (Dumont and Provost, 1998). Social support can be structural (quantitative) or functional (qualitative) (Dumont and Provost, 1998). Plancherek et al. (1994, cited in Dumont and Provost, 1998) argue that social support provides a positive context without regard for the actual experiences of stressful events. Other authors (Roos and Cohen, 1987; Aro et al., 1989; Nuñez et al., 1992; Plancherel et al., 1994 cited in Dumont and Provost, 1998) have added that social support minimises the effect of stress factors on individuals’ health. In contrast:

‘When preadolescents report low satisfaction with their social support, the probability of having problems of anxiety, depression, or sleep disturbances is high. In adolescents and young adults, low satisfaction with social support is

associated with depressive or psychosomatic symptoms, anxiety, and interpersonal sensitivity' (Dumont and Provost, 1998, p346).

Central to social support is the development of supportive and positive relationships with someone who is significant to the young person, and the sense of security and stability associated with trustful relationships (Drapeau et al., 2007). This idea is supported by Coatsworth (n.d.), to whom the adoption of an attachment system which promotes caring relationships with caregivers and friends increases young people's ability to overcome the odds of a disruptive childhood. Thus, a lack of social support can easily affect levels of anxiety and depression and, due to this, contribute to the development of suicidal and self-harm ideation.

*Coping strategies* are cognitive and behavioural efforts developed and adopted by individuals to minimise the effects of stress factors on their mental health (Dumont and Provost, 1998). Coping strategies can be problem-solving centred, when the individual aims to change the stressful situation, or emotional centred, when the individual tries to avoid stress factors without changing the situation. Seiffge-Krenke (1995) argued that in adolescence, problem-solving strategies are mainly functional such as seeking information/advice or accepting social support to achieve specific goals. When these goals are achieved, the young person experiences a sense of achievement which can be transformed into a turning point that may lead the young person to a resilient pathway (Drapeau et al., 2007).

In the context of coping strategies, self-esteem as a psychological process has been identified as a key protective element (Dumont and Provost, 1998). Individuals with high self-esteem often engage actively with coping strategies to sort out their problems. Conversely, individuals with low self-esteem normally adopt a passive problem-solving strategy, being more focused on their emotions, rather than trying to effectively solve their problems (Dumont and Provost, 1998). The influence of self-esteem also shows the importance of personality traits in the development of resilience factors against poor mental health.

*Social activities* are considered as a channel for expressing energy in a socially acceptable way (Dumont and Provost, 1998). The idea of *social activities* as a protective factor was also identified by Rae-Grant (1989 cited in Dumont and Provost, 1998) who, based on a sample of 3294 children aged 4-16, argued that participation in social



activities led to a low incidence of behavioural problems by shaping the personality of the young person in a positive and interactive way and by promoting socialisation. The sense of achievement and positive engagement with others which is experienced from practising and attending social activities makes this factor an important source of resilience.

### **Mental health provision for care leavers**

Tomlinson (1996, cited in Dixon and Stein, 2005) reported that young people leaving care with special needs, including mental health issues, may be disadvantaged compared to those leaving care who are not mentally ill. According to this author, they may be over-represented among those who are not attending education and training. Similarly, Buchanan (1999, cited in Dixon and Stein, 2005) and Meltzer et al. (2002) found that those suffering from mental health problems are more likely to live on or below the poverty line, live in poor housing, be unemployed and suffer from social isolation. Due to this, service providers may play an important role in the lives of these young people. In the UK, these services are CAMHS (Children and Adolescent Mental Health Services), AMHS (Adult Mental Health Services) and voluntary or charitable agencies which provide specific support for tackling care leavers' mental health issues.

According to Richardson and Lelliott (2003), the mental health needs of children and young people in care are not met in the UK. According to these authors, CAMHS does not have adequate resources to meet the needs of this group. Moreover, its accessibility is restricted in some parts of Scotland as there are extended waiting lists and strict accessibility criteria. This is supported by Singhet et al. (2007) who argue that CAMHS only serve young people up to the age of 18. Thus, care leavers over 18 do not receive support from this service. Concerns have also been expressed with regard to the transfer of cases from CAMHS to AMHS. This transfer depends on a diagnosis that may not exist at the age of 16 and on the severity of this diagnosis (Singhet et al., 2007). Therefore, young people who have been diagnosed with severe mental health issues such as psychosis or severe mood disorders are more likely to be transferred than those who have been diagnosed with conduct disorders such as ADHD, borderline learning disabilities and spectrum disorders (Singhet et al., 2007). Additionally, according to Tarren-Sweeney (2010, p615), there is also the possibility of the existence of 'considerable diagnostic disagreement and uncertainty as well as a tendency to frame

complex psychopathology as a series of discrete, co-morbid disorders' that might impact on the support provided.

The Audit Report (2009) also identified a wide variation in service delivery across the country. This variation involved the length of the waiting lists of individuals to be assisted by CAMHS and a lack of early intervention and prevention work. Inconsistency in the support provided, a lack of out-of-office hours support and an insufficient effort to identify young people's needs were also identified as problems. The report also emphasised the importance of voluntary agencies, although this was a sector which was not always considered when planning support strategies. Finally, the audit revealed a lack of information sharing between agencies and high levels of frustration experienced by patients, particularly with the multi-allocation of workers.

Despite the problems mentioned above, CAMHS plays an important role in supporting young people in and leaving care until the age of 16. Due to its importance, Mooney et al. (2009, cited in Stein, 2012, p122) proposed a set of measures to improve this service. They are as follows:

- 'The creation of a dedicated CAMHS for this group of young people. Some local authorities have already developed integrated specialist teams to work with looked after children and young people, while others prioritise referrals from social work departments'.
- 'Training and support clinics run by nurses with mental health expertise as the first point of contact for carers and children'.
- 'Services based in secondary schools'.

According to Mooney et al. (2009 cited in Stein, 2012), the implementation of these measures would better support young people with care backgrounds and meet their mental health needs. However, the difficulties experienced in meeting the mental health needs of these young people might not be exclusively related to service providers. Lamont (2009) found that services face a set of difficulties when working with this specific group of people which may present obstacles for successful treatment. Examples of these constraints are young people's chaotic lifestyles, erratic attendance at appointments, reluctance to discuss sensitive issues, dissatisfaction with services, the right to withhold consent to health care once they reach 16, and the stigma attached to

accessing mental health services (Lamont, 2009). Additionally, a lack of staff awareness about early warnings of deterioration in mental health, absence of experience and confidence, rotation of professionals, and difficulties in distinguishing mental health difficulties from symptoms associated with drug or alcohol consumption may exacerbate these difficulties (Lamont, 2009).

Moreover, as seen in chapter 2, the eligibility criteria for accessing services give additional cause for concern. When care leavers reach 16 or 18 they are considered to be responsible adults, accountable for their health. However, this view is questionable. As Bywaters (1996, p785) argues:

‘Young people who “can’t even boil an egg” (Page and Clark, 1977:53), who are homeless or in poor quality accommodation, who are unemployed, living in poverty and cannot manage money (Stein, 1989) are unlikely to be in a position to take good care of their health’.

Thus, Bywaters (1996) suggests that support strategies to assist care leavers need to overcome social conceptions and go beyond political and legislative ideals. They should be person-centred and holistically perceived, taking into account the specific difficulties experienced by care leavers as suggested by the Developmental Theories discussed in the previous chapter.

#### **4.4 KEY ASPECTS OF INDEPENDENT ADULT LIVING: EDUCATION, EMPLOYMENT AND ACCOMMODATION**

The Regulations and Guidance 2004 identifies ‘Learning and Work’ and ‘Where I live’ as important aspects to be taken into account when enabling young people to move on to independent living (Scottish Executive, 2004a). This section explores research findings relating to both of these two dimensions. Before introducing both subjects, it is worth noting that in the 2012/2013 school year there were 3,886 care leavers. 135 out of 3,886 were in higher education, 312 were attending any other sort of education which is not higher education, and 559 were in training or employment. 16 young people were unemployed due to short-term illness, 84 due to long-term illness or disability, 99 due to looking after family, 1,134 were unemployed due to other circumstances, 347 not known and 1,200 not receiving support. Summarizing, only 26% of the young people were in training, education or employment in the school year of 2012/2013.

## **Educational Outcomes**

Research in the leaving care field (Biehal et al., 1995; Broad, 1998; Dixon and Stein, 2005) has shown that young people in and leaving care are strongly associated with poor educational outcomes which restrict their career opportunities. Some of these poor outcomes are poor achievement and educational performance, truancy, exclusion, a lack of interest in education, leaving school at an early age and lower rates of care leavers in further and higher education (Biehal et al., 1995; Broad, 1998; Dixon and Stein, 2005). Care leavers' poor education outcomes have also been explicitly identified in international research (Festinger, 1983; Raychaba, 1987; Jackson 1988, 1989; Heath et al., 1989; Aldgate et al., 1993; Cook, 1994; Cashmore and Paxman, 1996; Pinkerton and McCrea, 1996 cited in Dixon and Stein, 2005).

The causes of poor educational outcomes among young people leaving care are intrinsically associated with their poor backgrounds which are characterised by different sorts of neglect, separation, poor attachments and school disruption due to placement breakdowns (Dixon and Stein, 2005). In 1998, Jackson and Martin highlighted that living with a single parent, having unwell parents (especially mental health problems), poverty, inadequate housing, poor neighbourhood, isolation and racism are causes of poor educational achievement among looked after children and young people in England. In relation to those living in the residential context, Jackson and Martin (1998) emphasized the impact of professionals' lack of interest in children's and young people's educational activities and performance as cause of poor outcomes. This lack of interest was reinforced by a lack of facilities for doing homework, school materials such as books and encouragement to read.

In 2002, Martin and Jackson stressed that looked after children and young people are more likely to have the statement of special educational needs and, as a consequence, all those with statements were in special schools or special units/classes in mainstream education. Additionally, these authors highlighted social workers' disregard for education, teachers' low expectations, poor quality of care in the residential settings and untreated mental health problems associated with trauma as causes of difficult educational experiences and poor outcomes. Nevertheless, these authors also pointed out the stability of some foster placements, regular school attendance and well-informed and -trained staff as important resilience factors against poor educational outcomes and experiences.

Martin's and Jackson's (2002) study also brought to light young people's view on what contributes to their educational success. Young people identified opportunities to be 'like other people', positive encouragement from others, the characteristics of carers, good relationship with social workers, attending school regularly, sense of continuity, practical support, and a special relationship with at least one person as factors which contribute for a more resilient educational pathway. Based on these findings, both authors concluded that social work departments should attribute highest priority to the educational needs of children and young people in care when making decisions. Within this context, placement moves should be carried out in coordination with education and more attention should be given to the training and education of care staff and foster carers.

Allen (2003) added that the type of care placements during childhood and teenage also contribute to care leavers' educational outcomes. This author argues that there is a link between multiple care moves and later school instability. The time that the young person becomes involved with the care system also seemed to influence educational outcomes. Those who have been looked after at a young age are more likely to achieve better results than those who have come into care at an older age. When older young people become involved with the care system, they have often experienced a history of disruption which has already marked their care pathway and which is difficult to attenuate (Allen, 2003).

Allen (2003) also identified that being placed away from home and friends can also contribute to poor educational outcomes. This author explains that young people who are away from their loved ones may find difficult to maintain contact with their support networks. They depend on others to provide transport to visit relatives and friends leaving them without immediate access to someone they trust to talk to when experiencing difficulties at school or college. This author also found that attitudes towards the self and education and the experience of other events that might dominate these young people's lives might also contribute to positive or negative educational experiences. In relation to the later, these events can be family circumstances or parenthood. Advice from Career Support Services seems to have a positive influence on these young people's choices and educational outcomes. Finally, financial concerns were also mentioned as having an influence on educational choices (Allen, 2003). Among some young people, financial concerns led them to study in order to achieve qualifications which would improve their work prospect. In contrast, others started

working rather than investing in education due to financial pressures. Additionally, bullying and the low priority given to education by the young people themselves may also contribute to care leavers' poor educational outcomes (Dixon and Stein, 2005).

Maxwell et al. (2006) also noted the impact of a lack of shared knowledge and partnership work between education providers and social workers on care leavers' educational outcomes. Maxwell et al. (2006) also observed an absence of appropriate educational plans and adequate school, emotional, mental and physical health support. This author also highlighted the existence of little recognition of young people's educational needs and low expectations of their academic potential as factors which might contribute to poor educational outcomes. This is supported by Taylor (2005). According to Taylor (2005 cited in Shaw and Frost, 2013, p31):

'Research has identified that those involved with corporate parenting have lower aspirations for, and expectations of, young people in public care, both in terms of achievement and behaviour'.

In 2006, Jackson and Simon reinforced the lack of sensitivity of workers as a potential cause of poor educational outcomes among children and young people in care. This lack of sensitivity was also emphasized by Count Us In: Improving the Education of Looked After Children (2006). However, this report also highlighted positive aspects in the support provided to looked after children and young people in Scotland, such as the development of integrated policies between education and social work departments and strategies to tackle individuals with special needs (Connelly and Furnival 2013).

Francis (2008b) nominated children's social background (e.g. social exclusion and multiple disadvantage), pre-school experience (e.g. poverty, unemployment, inadequate housing, social isolation, etc.), placement instability, expectations and views of professionals, poor educational support in residential settings and problems linked to corporate parenting and ineffective communication (e.g. lack of clarity about roles and responsibilities) as factors which influence poor educational outcomes among looked after children and young people. Francis (2008b) also highlights that these factors, although individually identified, do not contribute to poor educational outcomes in isolation. They are all part of a complex interplay of experiences within the life course of each individual.

Gilligan (2009) also highlighted a series of reasons to explain how children's and young people's care background can have a negative impact on their educational performance:

- care background which may have affected the young person's behavior, cognition and motivation;
- multiple school placements and the re-establishment of new routines and relationships when moving into a new school;
- lack of priority attributed to education by social workers, professionals and foster families who are mainly focused on social and behavioral problems,
- expectations on the young person, and
- bullying.

Connelly and Furnival (2013) also provided evidence on how the care system can impact on these children's and young people's educational pathways. According to these authors, care and pathways plans have very little focus on education and are often not shared with schools. The lack of shared knowledge can easily lead young people to achieve poor outcomes.

Thus, poor educational outcomes are not only related to cognitive underdevelopment, but are also a consequence of how service providers deal with these young people's circumstances and their own organisation. In this context, services can range from a more specialised intervention, while others may opt for a more positive discrimination and discrete support (Francis, 2008). While the former can lead young people to be categorised as in need of 'special education' and contribute to stigmatization, the latter may prolong 'the educational disadvantage experienced' as it may not take into account these young people's lack of educational responses is a consequence of 'the instability and fragmentation they experience in their lives (Francis, 2008, p64).

Poor educational outcomes may pose additional challenges for overcoming existing barriers created by a disadvantaged background. These barriers are particularly visible when applying for a job or developing a career. For the young people suffering from depression, these poor outcomes are added problems to their difficulties. Although there is no detailed evidence about this specific group of care leavers, Tomlinson (1996, cited by Dixon and Stein, 2005) indicated that it would not be surprising if these young

people are over-represented among those who are not attending education or training. The next section explores the employment circumstances of young people leaving care.

### **Employment Outcomes**

According to Roberts (1995), youth unemployment gradually emerged as a problem in the 1970s with the decline of manufacturing industries, the technological revolution and the increased requirement for high-level work skills. The increase in part-time and decrease in full-time jobs and the increased number of women in the job market also contributed to youth unemployment at the time. Since then, youth unemployment has been considered a political priority, leading to numerous measures and support schemes in Britain. If the present state of the job market is a challenge for non-care leavers, for those leaving care the challenge is even greater (Dixon and Wade, 2006). Research in the field (Cheung and Heath, 1994; Biehal et al., 1995; Barnardos, 2001; Stein, 2004; Dixon and Stein, 2005) has shown that care leavers are often associated with poor employment outcomes such as unemployment, the inability to maintain and secure a job, and short, temporary and low-paid jobs.

In *Still a Bairn?*, Dixon and Stein (2002) showed that half of care leavers were unemployed at the time of leaving care in Scotland. As a consequence, some young people 'struggle to survive and to make ends meet – and this affects their whole life' (Dixon and Stein, 2002, p7). The reasons for such poor employment outcomes are intrinsically related to care leavers' poor educational outcomes. However, difficulties in finding and maintaining a job might also be due to young people's lack of skills and difficulties in coping with a work routine (Ashton and Field, 1976).

Ashton and Field (1976) found that care leavers often experience a sense of freedom, independence and satisfaction when they start working. This is followed by a period of disillusionment when they face difficulties in coping with boredom and routine, which leads them to resign from their jobs. According to Burgess (1976 cited by Ashton and Field, 1981), this disillusionment is also a consequence of a practical vision of the job performed - making money - whereas self-achievement, development and job satisfaction are secondary goals.

Additionally, 'the minimum requirements sought by employers, regardless of the lack of qualifications, are enthusiasm, reliability and motivation' (Daniel and Fry, 2005, p84). For care leavers who might have motivational issues, who suffer from identity



problems and behavioural issues, fulfilling these requirements might be extremely difficult. Furthermore, the lack of support networks that could be used as a source of finding work or to help them deal with their difficulties may increase their disadvantage (Dixon and Stein, 2005).

The speed associated with the process of job seeking and job involvement has been described as stressful by some young people when they leave care (National Leaving Care Advisory Service, 2006). As a consequence, some young people reject training or job opportunities due to lack of preparation. Others may claim that the job offered is not appropriate, alleging work exploitation, bad organisation, or that support schemes are not based on their skills or qualifications (National Leaving Care Advisory Service, 2006). Dixon and Wade (2006) also suggest that these young people may drop out of training and work placements due to financial and emotional difficulties and lack of motivation and encouragement. This is in line with Focal Theory which suggests that simultaneous problems may generate high levels of stress. The anxiety of leaving care, and finding a job and a house, may create high levels of stress in someone who is not prepared for dealing with the commitment and responsibilities intrinsic to this stage of life. As a consequence, young people might simply renounce their job or career, and look for an easier means of gaining financial sustainability.

Poor employment outcomes are more likely to lead care leavers to live on or below the poverty line after leaving care. This has been demonstrated by international research such as Dworsky and Courtney (2000) from the United states and national research such as George et al. (2002). For young people who suffer from mental health problems, being unemployed may contribute to further deterioration of their fragile mental wellbeing. According to Gallie et al. (1995), unemployment contributes to psychological distress, low self-esteem, tension and conflicts within families, isolation and the sensation of powerlessness and resignation. The increased length of unemployment leads to a loss of meaning and sense of identity. Due to this, it is important to identify factors which may help young people to achieve better educational and employment outcomes. The next subsection discusses this subject in detail.

#### *Improving educational and employment outcomes*

Identifying protective or resilience factors within the leaving care context is a complex process which involves young people's past, present and future, personality features and

factors external to the young people themselves. Jackson and Martin (1998, p578) captured this complexity in the following citation:

‘What made the successful group different? On the whole their early and pre-care experience seemed to offer little protection against later adverse experiences in care. Some had no memories of their early life. Most pre-care memories were unhappy, rarely including celebratory occasions, family outings, or simply a sense of being loved or cared for, although a few remembered a warm relationship with one or both parents, and some people showed an amazing capacity to forgive if not forget even serious and prolonged abuse.’

According to the above authors, resilience factors which contribute to positive educational outcomes and better employment opportunities are:

- stability and continuity;
- learning to read early and fluently;
- having a parent or carer who valued education and saw it as the route to a good life;
- having friends outside care who did well at school;
- developing out-of-school interests and hobbies (which also helped to increase social skills and bring them into contact with a wider range of non-care people);
- meeting a significant adult who offered consistent support and encouragement and acted as a mentor and possibly role model;
- attending school regularly.

Jackson and Martin (1998) also found that reading can play an important role in supporting young people through education. According to these authors, being able to read makes these young people less dependent on adult attention. Due to this, they become less demanding and less like to be seen as disruptive during classes. Reading may also help these young people to escape from the emotional conflicts they experience at home and from being in care. These authors also identified that having at least one person who made time to talk with and listen to them was an important resilience factor within this dimension.

According to Gallagher et al. (2004 cited in Francis, 2008b, pp 29-30), political strategies aiming to support looked after children and young people should involve:

- Raising the ‘child’s awareness of the value of education (e.g. in terms of future development, opportunities, etc) and prioritising the place of education at home’,
- Establishing ‘clear expectations about the child’s engagement with education...’,
- An ‘incremental approach to re-integrate the child in education (e.g. home tuition, educational support unit, part-time school, full-time school)’,
- Emotionally and practical preparation of the child (to address fears and anxieties, homework, reading, provide a place to study, engage the child with a wide range of interests and activities),
- Strategies ‘to support the school placement (e.g. ‘ensure good home/school communication, provide a support worker in class, work collaboratively’),
- The development of a learning culture (e.g. ‘identify and support children’s interests and talents, look beyond the school for learning opportunities to develop links in the community’).

Wade and Dixon (2006, p352) highlighted four strategies for enabling care leavers to improve their educational and employment outcomes. They are as follows:

- ‘Raise the aspirations of young people in care to achieve a fulfilling career’;
- ‘Improve their capacity to plan a career and to overcome barriers’;
- ‘Take a longer-term and multidimensional approach to casework that is orientated to successful adult functioning’;
- ‘Respond more comprehensively to both the social and psychological effects of the care experienced’.

In line with Wade and Dixon (2006), Brodie et al. (2011, p2, cited in Stein, 2012) suggests that a better understanding of care leavers’ educational experiences will contribute to better employment outcomes. This author also identified as potential strategies to facilitate future educational and employment opportunities the development of effective personal education plans, the allocation of designated support teachers and

positive communication channels between care and educational departments. This is in line with the principle of corporate parenting set by the Regulations and Guidance 2004 (Scottish Executive, 2004a). Bilson et al. (2011 cited in Stein (2012), also highlighted the importance of work experience, apprenticeships and mentoring schemes to increase employment opportunities for care leavers.

Stein (2012, based on Wade et al., 2011) also emphasises that comparing care leavers' education outcomes with their contemporaries is over simplistic and often does not take into account these young people's backgrounds and experiences (Stein, 2012). In this context, returning to school might be a major achievement rather than finishing high school and moving into further or higher education. The challenge, therefore, is to create a progressive measure that takes into account the life story of the young person and their views of their wellbeing (Stein, 2012). In the next section, young people's transitions to independent housing will be considered.

## **Housing**

According to Clapham (2005, p2), *housing pathways* refers to:

‘(...) the household forms in which individuals participate and the routes they take over time in their housing experience’.

In the context of leaving care, accommodation pathways refer to care leavers' housing and accommodation experiences during their transition. Unfortunately, a large number of care leavers experience difficult housing pathways which are marked by problems in sustaining a tenancy, isolation, conflicts with landlords and neighbours, multiple moves, eviction or homelessness (Biehal et al., 1995; Broad, 1998; Dixon and Stein, 2005).

Although care leavers' fragile human agency has been identified as a potential cause of such difficult paths, this trajectory may also be a consequence of external factors to the young people. These factors are early and unplanned transitions, placement breakdowns, involuntary moves due to the scarcity of resources or high cost of foster placements, absence of support networks and lack of opportunities to return home (Biehal et al., 1995; Dixon and Stein, 2006; Stein, 2012). Due to precarious jobs and low incomes, care leavers may struggle to pay their housing expenses and may experience eviction as a consequence of debt (Broad, 1998; Dixon and Stein 2005; Dixon and Wade, 2006). Additionally, the National Leaving Care Advisory Service

(2006) suggests that poor accommodation might also be a consequence of inadequate housing resources and contribute to placing care leavers in unsafe neighbourhoods or too far from family or social networks.

### *Homelessness*

According to Catan (2004), there are four types of housing pathway for young people: chaotic, unplanned, constrained and planned (non-student or student). Structurally, these patterns are determined by the involvement of the family, time for planning, income and social organisation (Catan, 2004). Vulnerable people, such as care leavers, are more likely to undergo chaotic or unplanned pathways. They often do not have a family and are unemployed and, therefore, are more likely to become homeless. For example, previous research has found that between 20-33% of care leavers are likely to experience homelessness within the first year after leaving care (Stein, 2012). According to Elsley (2007), care leavers' overall needs and difficulties may be intensified by not having somewhere to live. They may easily feel distressed and frustrated and, as a consequence, display anti-social behaviour and a lack of trust in other people. Anti-social behaviour may also contribute to homelessness due to relationship breakdowns which may leave these young people without support and, in more drastic situations, contribute to their eviction (Department for Children, Schools and Families, 2008). However, it is worth remembering that, once on the streets, anti-social behaviour may also be a question of survival (Bywaters, 1996; Elsley et al., 2007).

Care leavers who are mentally ill may face additional risks which increase their vulnerability to homelessness. For instance, depression may be an obstacle to the development of the necessary resilience to solve problems and face adult responsibilities such as sustaining a tenancy. However, homelessness may also contribute towards or intensify their disorder. Thus, poor mental health and homelessness are simultaneously cause and consequence of difficult transitions. In this context, if support strategies to facilitate positive housing pathways and prevent homelessness among care leavers are important (National Care Advisor, 2008), they are even more significant in supporting those suffering from mental health issues. The next subsection will discuss the protective factors which contribute to effective accommodation pathways.

### *Protective factors for positive housing outcomes*

According to a review conducted by Stein (2012), positive housing outcomes are related to having access to 'good' housing when leaving care, a positive sense of wellbeing and a network of informal support, including family and friends. Stein (2012) also identified as protective factors for effective housing outcomes an adequate planning and preparation prior to leaving care and the importance of receiving good-quality support in the accommodation.

Stein and Morris (2010) additionally identified six main strands of protective factors with political and practical implications which should be considered when supporting young people in finding accommodation. The first standard is 'Having a choice of where to live and having a choice of accommodation'. As previously mentioned, the Regulation of Care (Scotland) Act 2001 and the Regulations and Guidance 2004 place a duty on local authorities to provide suitable accommodation for care leavers according to the needs identified. In this context, the pathways plan materials are an important tool as they should involve an assessment of the sort of accommodation which best meets the young person's needs and they should consider how this is to be obtained. However, having a choice of where to live also depends on supply, which in some councils might be limited or non-existent. To improve the existing supply of housing and accommodation, Stein (2012, p48) suggests a list of strategies which includes the development of joint protocols between housing authorities and associations; training for Corporate Parenting Boards on the accommodation needs of care leavers, the involvement of young people in any decision-making processes, among others.

The second standard is 'Being Prepared'. The Regulation of Care (Scotland) Act 2001 and the Regulations and Guidance 2004 place a duty of care on local authorities to ensure that young people only leave care when they are prepared. In this process, pathways plans are once again an important framework to ensure that young people have adequate preparation (Scottish Executive, 2004a).

The third standard is related to 'Being and Feeling Safe'. The Regulations and Guidance 2004 states that young people should be given maximum security of tenure appropriate to their accommodation (Scottish Executive, 2004). This involves considering the location and sort of accommodation allocated to them. For instance, avoiding temporary accommodation such as B&Bs, where there is often drug dealing and prostitution. This

principle also involves the need to have access to transport. For example, young people should have access to transport to go to work, training or to visit their support networks. The physical state of the property, access to services (e.g. heating), security (e.g. smoke detectors, light in common areas and phone device in place to call for help) are also important aspects to feel safe (National Care Advisory Service, 2009).

The fourth standard concerns 'Being supported by workers, family, friends and mentors'. According to research in the field (Dixon and Stein, 2005; Morgan and Lindsay, 2012 cited in Stein, 2012, p44), in preparation for leaving care, young people want assistance with varied skills. These skills are: practical skills (e.g. budgeting, shopping, cooking and cleaning), self-care skills (e.g. personal hygiene, diet and health, sexual health, drugs and alcohol advice) and emotional and interpersonal skills (e.g. personal wellbeing and negotiation skills, such as managing encounters with officials, landlords and employers).

The fifth standard involves 'Financial Assistance'. The legislation is clear regarding this subject:

'Local authorities can contribute to the rent of the young person if the young person is under 21 years old and in education or, if over 21, until they finish the course'. [Additionally] 'where local authorities have responsibility for meeting young people's rent costs this should not interfere in any way with their statutory or common law rights as tenants' (Scottish Executive, 2004a, p25).

The final standard is related to 'Being Involved in Shaping Services'. Young people should be involved in decision-making processes concerning themselves and their transitional journey to independence (Scottish Executive, 2004a). However, as previously mentioned, the right to be heard might not necessarily determine that the young persons' opinion will be given precedence when the final decision is made (Shaw and Frost, 2013). Additionally, financial constraints may also limit their options and the implementation of strategies which will meet their wishes (Shaw and Frost, 2013).

The strategies outlined above suggest the complexity of housing pathways and the challenges of ensuring a successful transition to independent housing. Achieving positive accommodation outcomes does not only depend on the psychological functionality of care leavers, but also on the effectiveness of the support supplied.

## 4.5 CONCLUSION

This chapter has discussed the close relationships between research, policy and legislation. This chapter has highlighted that studies developed in 1970s, 80s and 90s demonstrated the inadequacy of service provision at the time and a lack of academic and political interest in the leaving care subject. These findings prompted the development and introduction of the Children Act 1995 in order to confront the poor outcomes achieved by care leavers. Research carried out during the second half of the 1990s brought to light important information about young people leaving care, such as the main causes of care leavers' poor outcomes (e.g. placement breakdowns, disruptive experiences prior to care and behavioural problems).

Research in the 90s also revealed how care leavers' vulnerability has an impact on important life dimensions regarding the ability to become successfully independent. For example, studies carried out during this period have demonstrated how poor educational outcomes easily restrict care leavers' future employment opportunities, leading them to poverty and dependence on benefits due to a lack of income. These studies also demonstrated that a large number of care leavers experience difficult housing pathways which are marked by problems in sustaining a tenancy, isolation, conflicts with landlords and neighbours, multiple moves, eviction or homelessness. The causes of these outcomes were seen to have different catalysts such as young people's cognitive underdevelopment and/or a lack of adequate support. Studies carried out during this period have also highlighted positive aspects in the Throughcare and Aftercare field. They brought to light that planning, preparation, prevention and corporate modelling are fundamental to the success of care leaver's transition. These positive aspects and progress were fundamental to the development and implementation of the Regulations and Guidance 2004.

The Regulations and Guidance 2004 is considered one of the most significant legal frameworks to safeguard the welfare of care leavers. It incorporates a series of crucial standards, including the mental health of care leavers which should be taken into account seriously when supporting young people leaving care. Research in the field showed high rates of depression, self-harm and suicidal ideation and intention among young people in and leaving care. These symptoms are particularly concerning during young people's transition. This is a period characterised by a series of developmental



processes, new experiences and challenges which stir up feelings that might be difficult to deal with. The causes of poor mental health among care leavers can be traced to these young people's pasts which are marked by difficult experiences. As a result of this and the consequent stress, young people might develop depression or perceive suicide as a way of escaping from psychological pain. Depression and associated symptoms are often aggravated by the abuse of alcohol and drugs. Although several factors have been identified to explain the consumption of both substances among care leavers, the high incidence of psychological and behavioural problems as a result of negative pre-care and in-care experience has been highlighted as one of the main causes which explain these young people's consumption of alcohol and drugs. In this context, young people who possess protective factors are more likely to deal better with stress and reduce the impact of these elements on their mental health. Some of these factors include social support, coping strategies and social activities. Formal support was also revealed to have had a positive influence on the recovery of young people's poor mental health. However, research has also shown that support strategies to assist care leavers need to overcome social conceptions and go beyond political and legislative ideals. They should be person-centred and holistically perceived, taking into account the specific difficulties experienced by care leavers as suggested by the Developmental Theories discussed in the previous chapter

Although research in the 1990s brought up important knowledge about care leavers, the studies mainly focused on care leavers in general. The outcomes of specific groups, such as those experiencing homelessness or mental health problems, were considered within this 'general group' with no differentiation in relation to their specific experiences, outcomes and problems. Additionally, this research mainly focused on measuring the outcomes achieved by these young people and the effectiveness of services. The study of these experiences may provide important evidence about the quality of care leavers' lives, their feelings, thoughts and mental health and contribute to more informed policy and practice. This study aims to meet the need for this knowledge regarding the experiences of care leavers who suffer from depression. The following chapter introduces the methodology adopted in this study.

## **CHAPTER 5 METHODOLOGY**

### **5.1 INTRODUCTION**

This chapter presents the research methodology adopted in this study. Before introducing the structure of this chapter, it is worth reiterating that this methodology was developed and implemented to answer four research questions. These questions are as follows:

*How, if at all, does care leavers' conceptualization of independence influence their leaving experience?*

*How, if at all, does the experience of depression influence care leavers' transition to independence?*

*What are the key factors which shape care leavers' educational and employment outcomes during their leaving care experience?*

*What are the key factors which shape care leavers' housing outcomes during their leaving care experience?*

Section 5.2 will introduce the ontological assumptions which set this research within the Constructivist paradigm. It will also consider the qualitative nature of this study and the practical implications of conducting qualitative research rooted within the Constructivist approach. Section 5.3 will present the sample of this project including the criteria for the recruitment process. Section 5.4 will introduce the research design with a detailed account of the different stages and methods employed. Section 5.5 will consider the theoretical stances which supported the data analysis and the practical procedures carried out in this research. This section will also pay particular attention to the development and implementation of the data collection and analysis. Finally, section 5.6 will discuss the ethical principles considered throughout the empirical work.

### **5.2 THE RESEARCH PARADIGM AND APPROACH**

According to Tashakkori and Teddlie (1998), there are three research approaches: quantitative, qualitative and mixed methods (which incorporate both qualitative and quantitative elements). According to Creswell (2009), each research approach is

characterised by specific philosophical stances or paradigms and methods of data collection and analysis. The importance of adopting a philosophical stance is described by Baden and Major (2013, p54):

‘A philosophical stance suggests a view of reality and knowledge that in turn inform researcher perspectives, approaches and methods. It also clarifies a set of assumptions that enables the researcher to be clear about the reasons they have chosen a particular research design (Trede and Higgs, 2009:17)... [It] is a very informed view about reality, knowledge and ways to gain knowledge that serves as a guide for a particular study; it is a guiding perspective about the nature of truth and human behaviour and thus is the very foundation for research’.

The process of choosing an appropriate research approach for a scientific project begins by reflecting on the philosophical paradigm intrinsic to the project itself. This means a reflection on the characteristics inherent to the research project to be developed, such as its scientific intention and aims. The most adequate research approach is revealed when compatibility is found between the research approach and research project assumptions (Denzin and Lincon, 2003).

In this study, the above process entailed careful reflection on the philosophical assumptions of the research project and on my position in relation to science and qualitative studies. An extensive and in-depth literature review was undertaken in order to explore and assess the compatibility between the research paradigm and possible philosophical stances to be adopted. A reflection on the literature review led to the fusion of the research paradigm and Constructivism, which is also known as Interpretativism (Mackenzie and Knipe, 2006) or Naturalistic Inquiry (Guba and Lincoln, 1985). The next section will explore the philosophical assumption associated with constructivism.

### **The research paradigm**

Lincoln and Guba (1985), Kenkel (2008) and Creswell (2009) suggest the existence of four different paradigms used by social researchers. Each paradigm is associated with a different ontology (the nature of the knowledge), epistemology (the way of knowing), axiology (the values involved) and methodology (how we know). These paradigms are known as Post-positivist (which relies on a deterministic philosophy), Advocacy (also known as action-research), Pragmatism (that values the phenomenon being studied and

suggests that researchers are free to choose one or more approaches according to the subject being studied (Creswell, 2009), and Constructivism. This study adopted Constructivism as the research paradigm.

Constructivism or Constructionism refers to a range of methodological stances associated with social sciences and is based on several core assumptions (Hammersley, 2013). Constructivism is based on the idea that:

‘(...) knowledge lies in the mind of individuals [cognitive structures], who construct what they know on the base of their experience’ (Baden and Major, 2013, p62).

Constructivism thus suggests that the knowledge to be gathered is possessed in the mind of individuals and is constructed and portrayed in their everyday interactions. As a result, this knowledge is of a subjective and inductive nature (Kenkel, 2008). In this context, participants are the primary source of knowledge and, due to this, the relationship between researcher and individuals is highly valued (Creswell, 2009). This relationship is seen as a symbiotic connection where both researcher and participants are mutually influenced by one another (Creswell, 2009).

In the process of understanding human phenomena, ‘perceptions and cognition are active processes of selection and construction’ (Hammersley, 2013, p35). Thus, Constructivism assumes that through cognition and perception can the world then be understood. Indeed, it suggests that this understanding or knowledge suffers from the influence of the agents involved (Hammersley, 2013). In this context, the process of knowledge construction is active rather than passive (Baden and Major, 2013). The active role of subjects in the construction of knowledge is also suggested by Schwandt (2000, cited in Baden and Major, 2013). According to Schwandt:

‘Individuals invent concepts, models and schemes in order to make sense of their experiences and to test and modify these constructions when they have new experiences’ (cited in Baden and Major, 2013:63).

This philosophical idea has implications for social research as Hammersley (2013, p36) explains below:

‘The task can no longer be to document the features of various types of object existing in the world – their relationship, causes and consequences, etc. it is

insisted that we must not be misled by appearances into forgetting that such objects owe their existence and their character to the constitutive processes that generated them. Instead the proper focus of study must be those processes themselves'

Thus, Constructivism suggests that research will only have access to the constructed knowledge of individuals' reality. As a consequence, the emphasis of research should be on how this knowledge is constructed (Baden and Major, 2013). This philosophical principle led this study not to focus on care leavers' features as something intrinsic to them, but to examine the discursive practices through which young people are perceived and how this operates in a particular context. In this study, the context was associated with the leaving care experience (based on Hammersley, 2013). These discursive practices are created by individuals who construct their knowledge based on their experience. This knowledge is defined as meanings, perceptions and beliefs (Baden and Major, 2013). The aim of Constructivism is to make sense of these individuals' meanings and obtain a deeper understanding of their experience.

Constructivism also suggests that human processes are social-cultural and that each culture produces different experimental worlds and, consequently, diverse knowledge. As a result, different interpretations can co-exist in the same context (Hammersley, 2013). Based on this assumption this study looked for information from different sources as section 5.3 will show.

In order to better understand the relationship between Constructivism and this research, Table 5.1 shows the epistemological implications of adopting the constructivist paradigm.

**Table 5.1 Constructivist assumptions in the context of this Research**

	<b>Constructivist philosophical assumptions</b>	<b>Constructivist epistemological implications in the context of this study</b>
<b><i>Research Focus</i></b>	Constructivism aims to explore and study individuals' experiences. It is a staged process which suffers the influence of the researcher (Guba and Lincoln, 1985).	This study focused on how care leavers who suffer from depression experience their transition to adulthood and how this experience impacts on their Throughcare outcomes. Additionally, the choice of the subject was influenced by the researcher's interest in both subjects (mental health and young people).
<b><i>Ontology: Natural Setting and Multiple Realities (Relativism)</i></b>	Constructivism suggests the conduction of studies within the natural setting of the individuals which involves different, but inseparable realities that form the phenomenon under investigation. Due to this, it is not possible to fragment or isolate elements of a phenomenon as the Positivist paradigm suggests (Guba and Lincoln, 1985).	In this study, the transition to independent living is believed to be composed of different dimensions which form the whole experience of leaving care. This is supported by the theoretical background appraised in chapter 3 which argues for a multi-dimensional reality (social, contextual, individual, cognitive, relational, etc.) Thus, the participants and context were not separated and they were seen as being involved in a symbiotic relationship.
<b><i>Epistemology: Tacit Knowledge Preference for Qualitative Methods</i></b>	The primary source of knowledge should involve individuals instead of organisational documents or statistical data. The knowledge to be gathered is in the mind of the individuals and, therefore, it is of a subjective nature. In this context, qualitative methods of data collection are preferable over quantitative methods as they perform better in bringing to light intangible information. Moreover, qualitative methods are assumed to facilitate interaction between researcher and participant and make assessments easier (Guba and Lincoln, 1985).	This study considered care leavers as the primary source of knowledge. The knowledge to be gathered was believed to be in the mind of these young people and constructed in their experiences with others. Due to this subjectivity, the information gathered was difficult to measure and impossible to isolate from the subject. In this context, a qualitative method of data collection – the interview - was adopted as suggested by Constructivist approach.

<b><i>Axiology: Symbiotic Relationship Between Researcher and individuals</i></b>	The relationship between researcher and participant is highly valued. Thus, researcher and participants should never be detached from each other. Therefore, the researcher's values and beliefs need to be identified and reflected upon in order to avoid undermining the findings (Guba and Lincoln, 1985).	During the interviewing process, the relationship between the researcher and young people was seen as paramount in answering the research questions. The researcher also reflected upon her own values, pre-conceptions about the field and philosophical assumptions prior to the interview and before the data analysis in order to avoid undermining the data collected.
<b><i>Methodology:  Purposive Samples</i></b>	Naturalistic inquiry elects purposive samples instead of random samples (Guba and Lincoln, 1985).	This study adopted a purposive sample (see sub-section 5.3).
<b><i>Methodology:  Inductive Data Analysis and Production of Ideographic Answers</i></b>	Naturalistic inquiry suggests inductive strategies of data analysis as they facilitate the identification and understanding of important knowledge for comprehending the phenomenon to be studied. According to Walliman (2013), inductive knowledge is based on specific observations or sensory experiences which are used to generate conclusions. As conclusions are based on individuals' experiences, this type of research produces idiographic interpretations (Guba and Lincoln, 1985). This means that interpretations are based on the specific characteristics of the data and not on blindly following law like generalizations (Guba and Lincoln, 1985).	This study adopted an inductive thematic analysis to interpret the data collected in order to meet constructivist scientific standards (see sub-section 5.5)
<b><i>Methodology and Axiology:  Criteria of Trustworthines s</i></b>	Constructivism requires criteria for trustworthiness, such as a detailed account of the research process, as the traditional principles of internal and external validity, reliability and objectivity are inconsistent with its axioms and procedures (Guba and Lincoln , 1985)	In order to ensure the scientific rigour of this research, this study adopted Creswell's (2009) suggestions for ensuring the quality of qualitative studies. To do so, this study provides a detailed and honest account of all methodological steps undertaken. This research has also made use of triangulation by comparing information collected from the literature review, key informants and young people. Finally, the researcher was guided by two supervisors throughout the research process to ensure that scientific standards were met.

The constructive paradigm led this research to adopt qualitative strategies of data collection. The following sub-section appraises the concept of qualitative research and some considerations related to this inquiry.

### **The qualitative nature of the study**

For the purposes of this study, qualitative research is defined as a form of social inquiry that aims to understand the social reality of individuals, groups and cultures (Halloway, 1997 cited in Baden and Major, 2013). Qualitative approaches focus on how individuals experience and make sense of the world and how these experiences and senses influence the way they think, perceive and conceptualise their reality and interactions (Baden and Major, 2013).

Qualitative approaches are also preferable when there is limited information and the variables are not well known or defined due to the exploratory nature of the subject (Creswell, 2009). As seen in Chapter 1, research in the leaving care field has mainly focused its attention on care leavers in general, and on measuring their outcomes and the support supplied. Thus, it seems that research in the field has paid far less attention to the experiences of care leavers suffering from mental health problems, particularly the experience of depression during young people's transition. Due to this, this research is of an exploratory nature and, therefore, a qualitative approach was considered appropriate for the development of this study.

According to Marshal and Rossman (2006), a qualitative approach is also appropriate when the research elicits multiple and constructed realities which should be studied holistically. As seen in previous chapters, the transitional journey to independence involves different interrelated dimensions which cannot be separated. The next sub-section will present the sample of this qualitative study.

### **5.3 THE SAMPLE**

Choosing the sample of a study is an important methodological stage as the composition of the sample will determine the data to be collected and the data analysis (Baden and Major, 2013). A purposive sampling approach, also known as nonprobability, purposeful and qualitative sampling (Teddlie and Yu, 2007), was adopted in this study. Purposive sampling is a non-random sampling technique which involves the selection of rich-cases based on



preselected criteria which are relevant to answer the research questions (Teddle and Yu, 2007; Baden and Major, 2013) Thus, participants are deliberately chosen to represent the context of the study (Baden and Major, 2013).

Since the phenomenon to be studied is the experience of care leavers who suffer from depression, the research object involved individuals who have a care background and were about to leave care. Additionally, based on the Constructivist principle which considers the existence of multiple sources of knowledge, further input was obtained from key informants. The following subsections will provide a more detailed account on both samples: key informants (see appendix B) and young people (see appendix A).

### **Key informants**

The strategy adopted to involve key informants in this study was based on obtaining knowledge experts (Baden and Major, 2013). In line with this, key informants were people directly or indirectly involved with care leavers. Due to their professional experiences, they were able to provide valuable insights about the leaving care field. For example, key informants helped to determine which information should be considered in the literature review and highlighted important dimensions of the leaving care experience. The latter was of high significance as it helped to establish which dimensions to study throughout the fieldwork.

Key informants were identified and contacted through snowball sampling, which means that new workers were recruited by professionals already involved within the research (Baden and Major, 2013). Their recruitment was also based on their position in relation to the subject and on what information they could provide.

In total, 17 key informants practicing in central Scotland were involved in this study. The sample of key informants involved: 5 team leaders/managers from councils and voluntary organisations, 1 worker from a health service, 2 academics, 3 workers from residential units, 1 worker from a housing department, 2 throughcare and aftercare workers (council team), 1 worker from the employment field and 2 group discussions involving different professionals. The team leaders from Throughcare and Aftercare services were identified as the first key informants to be contacted due to their leading role in the field. Team leaders were followed by support workers, social workers, health workers and academics. By the

end of the 17 interviews, the saturation point was reached. The concept of saturation will be further explained in the next sub-section. In this way, this study aims to avoid repetition.

### **Young people**

According to Patton (1990), the sample of a qualitative approach should be purposeful, and its logic and power should rely on selecting information-rich cases for in-depth studies. This approach is also congruent with a Constructivism approach. Thus, in correspondence with a qualitative and Constructivist reasoning, a purposive sample involving young people was adopted in this project (see appendix A). To meet purposive sampling standards, a set of inclosing criteria based on ethical principles and on the definition of care leavers as established in the Regulations and Guidance 2004 were developed (Scottish Government, 2004a). The criteria were as follows:

- Young people with care experience when aged 16 to 21 and who were supported by Throughcare and Aftercare services (in council/statutory and voluntary/charity services in Central Scotland). Based on this criterion, the ages of the young people involved in this study ranged from 16 to 23. The reason to involve young people aged 16 is based on evidence that a significant number of services start preparing these young people before the age of 16. Thus, by the age of 16, some care leavers have already gone through some kind of preparation for independent living. Additionally, although a care leaver is considered to be a young person up to the age of 21 as per the Regulations and Guidance 2004, the theoretical framework adopted in this study argues that transition processes go beyond this legal age limit. Across most Western societies, the transition to independent adult living is usually defined as the period from approximately age 18 to 25 (Hawkins et al., 2004). According to this, 25 years old was the age limit established for the criteria, although the oldest young person interviewed was 23 years old and the period analysed was between the age of 16 and 21. The extension of the age limit brought important evidence to this research, mainly in relation to how aging as a cognitive and developmental factor impacts on the leaving care experience. Consequently, having 25 as the age limit brought a series of benefits to this study which would not have been possible to identify if these young people were not involved. The young people interviewed in this study were identified from 8 different organisations all from Central Scotland. Four organisations were councils, 2

were private and 2 were charities. One young person was interviewed on the streets when he was begging.

- Young people who were clinically diagnosed with depression or were believed to be suffering from depression due to symptoms experienced such as self-harm, suicidal thoughts and suicide attempts. In this regard, these symptoms were analysed in the context of their occurrence since isolated suicidal thoughts or self-harm are not in themselves indicators of depression. In this context, the researcher looked for signs which could indicate depression such as feeling hopeless, mood swings, severe anxiety, sleeping problems, low self-esteem, lack of interest in life and withdrawal,

- Young people willing to be part of the research and share their experience after being contacted and informed of the research aims and ethics,

- Young people residing in residential/supported units, foster carer or at home.

Although this study planned to involve young people who lived with foster families, none of the young people interviewed were fostered at the time of the interview.

To complement the information provided by the young people mentioned above, I found a small group of 8 young people leaving care aged 16 to 21 who did not suffer from depression but meeting criteria 1, 3 and 4. Although these young people were not part of the main sample of this study, their personal experiences were believed to be relevant as they could contribute to a better understanding of the increased challenges experienced by care leavers suffering from poor mental health. These young people were also identified in the same organisations where the main sample was found. However, as will be discussed in chapter 11, this sub-sample did not meet its initial scientific expectation. This happened as a consequence of the number of young people involved being small which did not enable the establishment of reliable scientific conclusions.

In order to invite young people to participate in this study, several private and public agencies were contacted. Some of these agencies were known to the researcher and had provided key informants. Other agencies were found through internet searching or snowballing. When the young people agreed to participate, interviews were arranged through two different strategies. Interviews were arranged either between myself and

professionals or directly with the young person after they had given informed consent to participate in the study.

According to Marshal and Rossman (2006), the size of the sample depends on the purpose of the study, the approach adopted, the strategies employed and the time available to conduct the research. In the context of this study, the number of young people to be involved was not pre-determined. However, due to the qualitative and constructivist nature of this research, a small sample was considered suitable with regards the aim of this research. The stance that a large sample would be inappropriate was revealed from 'the need for an in-depth examination of each case, in order to document complexity' (Hammersley, 2013, p14).

To answer the question of how many participants are necessary, this study relied on the concept of saturation. Saturation means the point when the 'researcher is no longer hearing or seeing new information' (Baden and Major, 2013, p317). In total, 35 young people were interviewed. Twenty one young people were clinically diagnosed with depression, 6 were believed to be suffering from depression due to the severe symptoms experienced and 8 did not suffer from depression. After 27 interviews with care leavers who suffer from depression the saturation point was achieved. The saturation point is:

'The point in the course of a study when adding another data element, such as another interview, participant observation, or narrative story does not add new information. In other words, redundancy in participants' responses emerges and negates the need to collect additional data' (Kenkel, 2008, p23).

In practice, saturation was reached when no new information emerged from the data collection and analysis to answer the research questions and the questions established in the interview schedule adopted in this study. Another indicator of saturation was the lack of new data to form new themes, change the ones already developed or add new thematic codes to the ones already existent. It is worth noting that saturation was not abruptly reached at the end of the data analysis, but it was rather an informed decision and an outcome of a gradual and analytical process.

## **5.4 – RESEARCH DESIGN**

According to Kerlinger (1973, p300, cited in Guba and Lincoln, 1985, p221), the research design is ‘the plan, structure, and strategies of investigation conceived so as to obtain answers to research questions and to control variance’. Based on Guba and Lincoln (1985) and on constructive philosophical principles, the research design of this study was planned on the basis of the research questions and aims. The following subsections provide a detailed account of the data collection.

### **Data collection**

#### *Key informants*

Meetings with key informants were planned from the outset of this research. The initial meetings aimed to collect general information about the field, such as the main characteristics of care leavers, while the subsequent meetings aimed to explore more specific areas guided by the different dimensions identified in the literature review and theoretical frameworks.

The numbers of meetings with the key informants depended on the sort of involvement these professionals had had with the young people, the information they could provide, and their willingness and availability to participate in the study. The researcher used a digital recorder to collect information which was divided into topics in order to prepare the data to be inductively analysed

In order to gather information about the key informants’ work experience, I opted to conduct semi-structured interviews (see Appendix C). Although these interviews were guided by a schedule, their nature was characterised by an informal and conversational style to allow the generation of spontaneous questions which I thought to be important (Patton, 1990 and Gall; Borg, 2003, cited in Turner, 2010). This way of conducting interviews allowed me to immerse myself in the world of the participants in an active manner, where questions emerged according to the interaction (based on Turner, 2010).

### *Young people*

Based on a Constructivist approach, this study adopted the interview as the main method of data collection. According to Guba and Lincoln (1985) and Creswell (2009), this approach allows for an in-depth exploration of individuals' experiences in their own words and in their natural setting. Additionally, interviews also allow the search for important subjective knowledge, including individuals' feelings and emotions. In line with this and based on the aims of this research, semi-structured interviews were considered to be the most appropriate method of data collection.

Semi-structured interviews require a schedule to be drafted beforehand (Smith and Osborn, 2007) (see appendix D). The schedule is a useful instrument that helps the researcher to focus on the questions, to have control of the interviewing process and to think more carefully and thoroughly about what is being asked and said (Smith and Osborn, 2007). This idea was also supported by some key informants who suggested that a more structured schedule would encourage participants to speak more openly about their experiences rather than with an open question-schedule. The latter would not facilitate the desired communication since conversing freely about something as subjective as human experience could easily divert the interviewee away from the information required about their views and experiences (Smith and Osborn, 2007).

Therefore, a prototype of a semi-scheduled interview was developed in advance based on the research aims and the initial information gathered from the literature review and key informants. The questions were designed to communicate simply and clearly with the young people and to enter into their minds and explore the necessary subjective knowledge to answer the main questions. Finally, a set of prompts were defined to guide the process of questioning.

Although following the schedule seemed a reasonable expectation at the time of preparing the fieldwork, two pilot interviews were enough for me to realise that to do so would limit the answers provided by the participants. Each interviewee raised new questions and topics of great value which had not been considered previously. Moreover, the time required to read the questions and prompts were not conducive to a natural and fluent interview. In order to improve communication between myself and participants and to allow me to go

deeper into the interview process I decided to study the schedule so that I would not need to refer to it during the inquiry. This allowed the interviews to be developed in a more conversational manner, where the participants spoke naturally and freely about their experiences. While conducting the interviews, I assumed the role of a listener, guiding the interview according to the discourse of the young person, rather than taking on an inquisitive role which could be intimidating. Nevertheless, the schedule continued to play an important role when I needed to verify whether any question or prompt had been forgotten before moving on to a new set of questions.

Four pilot interviews were carried out to test the appropriateness and validity of the prototype schedule. Through their implementation, it was possible to reflect upon the congruence between the information collected, the structure of the schedule, the research aims and the main questions. This reflective process led to the elimination of some questions and the introduction of new ones that were deemed more appropriate. Additionally, certain questions were simplified or re-phrased to allow me to easily move backwards and forwards through the enquiry (Haralambos and Holborn, 2004).

Face-to-face semi-structured interviews with care leavers who suffer from depression can be an intense and stressful experience, involving difficult memories, tiredness, frustration and sadness that can affect the course of the enquiry (Haralambos and Holborn, 2004). To overcome these potential problems, I adopted a set of strategies which facilitated the development of a positive rapport that was essential for conducting good quality interviews. It was probably due to the strategies outlined below that I did not experience difficulties in relating to the young people and in questioning them about more sensitive matters such as their past, their relationships with birth parents, and experiences of suicide attempts or self-harm. These strategies are described below:

- The day and time of the interviews were arranged according to the young person's convenience in order to make them feel relaxed and comfortable. All interviews occurred in support units where the young people were living, with the exception of three interviews which were conducted in participants' homes after their workers had granted approval.

- In all interviews I chose to dress informally to avoid intimidating the participants. Although an informal style was adopted, the balance between the necessary informality to make them feel comfortable and the seriousness required by the research was achieved by managing the assertiveness and tone of my voice while talking to the participants.
- Chocolates, crisps and other snacks were brought to the interview. This was a welcoming strategy that helped the participants feel comfortable almost immediately.

The interview process started in July 2010 and finished in November 2010. The shortest interview took 27 minutes and the longest lasted 1 hour and 22 minutes. The average time of the interviews was 1 hour. Informed consent (see appendix E) was obtained from all participants who signed forms for this purpose. Permission to use a digital recorder during the interview was also obtained. The next sub-section considers the analysis of the data collected.

## **5.5 DATA ANALYSIS**

### **Theoretical principles**

Data analysis is a reconstruction of existing constructions (Creswell, 2009). It is an ongoing, reflective and interactive process which involves different but interrelated phases (Guba and Lincoln, 1985). Qualitative inquiries that aim to explore the experience of individuals receive better support from inductive data analysis due to the production of idiographic findings (Guba and Lincoln, 1985). This means that findings are based on the interpretation of the characteristics of data rather than on legal generalisations (nomothetic findings) (Guba and Lincoln, 1985). Thus, idiographic findings show elements of reality as expressed by participants. This assumption is compatible with the intention of this research, which aims to explore the leaving care experience without the interference of other sources of information. According to Boyatzis (1998), the inductive stance contributes to the reliability of this type of research as it eliminates intermediaries as potential contaminating factors.

An inductive strategy of data analysis is known as thematic analysis. According to Boyatzis (1998), thematic analysis is a way of seeing, of making sense of reality, of coding



qualitative information in themes and of relating data to ideas about these data. It provides accuracy to the analysis itself and increases the researcher's sensitivity in understanding and interpreting phenomena (Boyatzis, 1998). The development of thematic analyses requires the ability to think, reflect, plan and organise data and knowledge about the field as the researcher needs to know what to observe and where to look for it in order to conceptualise relationships and identify patterns (Boyatzis, 1998). In this thesis, this knowledge was required from my experience as a social worker in Scotland and throughout the literature review stage.

In this analytical process, consistency is paramount. Consistency may be simply defined by the following question: Is what the researcher sees today the same as tomorrow? (Boyatzis, 1998). In the context of this study, consistency was achieved by constantly returning to the findings in order to understand, analyse and interpret the data collected as the following sub-sections show. Thus, thematic analysis is a way of bringing order, structure and interpretation to a mass of accumulated and unorganised data (Marshal and Rossman, 1999 cited in Ruffin, 2007).

### **Data analysis - practical procedures on the data collected from key informants**

As similar to the information collected from the young people, the information collected from the key informants was inductively and thematically analysed. A detailed description of this inductive procedure is introduced in the following sub-section when presenting the data analysis for the data collected from the young people. Although both analytical processes (young people's and key informants' analysis) were identical, key informants' coding system differs from the coding system associated with young people's interviews. The coding system developed for key informants is outlined below in order to illustrate the themes which emerged from this process.

#### **Theme 1: General characteristics of young people leaving care as a group**

##### *Sub-themes:*

- Inner problems and resilience factors that were identified: problems and difficulties associated with care leavers, such as behavioural problems,

immaturity and a disruptive background, as well as resilience factors such as family support or age.

- Training, employment and unemployment experiences: evidence related to care leavers' occupation and education or training such as the factors that may contribute to their high rates of unemployment.
- Housing or accommodation experiences: care leavers' difficulties in this area and what contributes to a successful or unsuccessful maintenance of an independent tenancy.
- Why do they achieve poor outcomes? (key informants' experience).

## **Theme 2 – Specific characteristics of care leavers suffering from mental health problems**

### *Sub-themes:*

- Specific characteristics of this sub-group of young people, including identity problems, vulnerability and the main mental health issues identified among this group.
- Difficulties in working with care leavers who suffer from mental health problems (based on workers' experiences).
- What works with care leavers who suffer from mental health problems: in terms of support: successful/less successful support strategies in place.

## **Theme 3 – Throughcare and Aftercare intervention**

### *Sub-themes:*

- Important aspects to take into account when working with care leavers.
- Criticism: positive and negative aspects of the system identified.
- The workforce: evidence related to Throughcare and Aftercare workers.

## **Practical procedures for the data collected from young people**

The data analysis was based on the guidelines developed by Boyatzis (1998). This section introduces the different stages of this process.

### *The first stage – the transcriptions and first readings*

All interviews were transcribed immediately after being conducted while the observational facts and information gathered were still fresh and easy to recall. In order to ensure the authenticity of the data collected, native English speakers with knowledge of colloquial speech were used to help clarify imperceptible slang words or local expressions and when the accent was too broad to be understood by the researcher. The information was transcribed literally in order to remain faithful to the experiences reported by the participants. This was done even when colloquial speech was used or sentences were grammatically incorrect. Following each transcription, the recording of the interview was played back twice while simultaneously reading over the transcript to ensure accuracy.

### *The second stage – The reflective reading*

This stage was characterised by a more in-depth and reflective reading of the transcriptions where thematic phrases that pointed at aspects of the phenomenon were identified (Van Manen, 1990). Vague descriptions and sentences not related to the leaving care experience or the research questions were considered less important and dismissed (Ganeson, 2008).

Following the reasoning of Van Manen (1990), I looked for sentences expressing thoughts, feelings, frustrations and emotions concerning the leaving care experience. The following transcription is an example of this process. The phrases in bold are those which help to explain why a participant did not engage with the support offered in relation to their alcohol addiction and the consequences of this refusal:

A94: *ah didn't want it. Ah jist liked being...ah jist like being...**ah knew that if ah got the help ah wud huv tae face ma demons.... I cud jist get oot my face and forget about everythin' and that's what ah wanted tae dae.** It worked for so long then obviously ah started getting' addicted tae the drink and the drugs ah wis taken, quite addicted to it, **so, I cudnae afford it, an' then ah wus going oot and stealing from shops** to pay for it and if ah wisn't stealing from shops, ah wis stealing from ma **foster carers....'***

This stage required repeated readings through the materials under analysis, which led to greater immersion into the data. This immersion marked the onset of a deeper consciousness about the transition from care to independent adult living.

### *The Third Stage - Identifying and Validating Themes*

According to Van Manen (1990, p79), thematic analysis is synonymous with grasping information to formulate a thematic understanding. It is a process which is not 'rule-bound', but rather a 'free act of 'seeing' meaning' and free from conceptual abstractions. Therefore, themes should only emerge after the collection of data rather than beforehand. To consolidate the themes, a more intensive reading was undertaken. To achieve the necessary understanding of the phenomenon being studied, each transcription was read line by line (Boyatzis, 1998). This dialogue with the data led to the creation of the headings which was the first structural stage in organising the information. The headings were grouped afterwards into sub-themes, which were subsequently clustered into themes. Headings and sub-themes were organised into matrixes corresponding to each theme. This organisation facilitated the data analysis, including the identification of patterns in the following stage.

### *The Fourth Stage – Identifying Patterns and Interpretation*

At this stage I moved onto the data analysis by surveying closely the data associated with each theme to reveal the meaning of each particular experience reported. This was carried out firstly with each matrix and secondly by cross-referencing the information between the different matrices. Patterns were identified when participants spoke of similar or identical ideas or experiences. This process is also known as 'cross-case analysis by surfacing common themes and directional processes' (Miles and Huberman, 1994, p69).

Once patterns had been identified the data was ready to be interpreted. According to Wolcott (1994, p36), interpretation is a well-suited term to:

'(...) mark the threshold in thinking and writing at which the researcher transcends the factual data and conscious analysis and begins to probe into what is to be made of them'.

In this project, interpretation was not a single process. It was seen as an outcome of increased understanding and awareness throughout the data collection and analysis. However, I became more focused in interpreting data during the final stage of the data analysis when the meanings behind the words expressed became more evident.

At this stage, careful measures were taken in order to avoid some common dilemmas such as ‘how much interpretation to offer to a piece of data?’ (Wolcott, 1994). In order to avoid such barriers, Wolcott’s (1994) strategies of interpretation were adopted. According to this author:

‘The prudent course is to bank on the contribution to be made through careful descriptive efforts and cautious analysis...When the claim is made that an interpretation derives from qualitative/descriptive enquiry, the link should be relevant and clear’ (Wolcott, 1994, pp36-37).

This concept of interpreting data was also important to ensure the scientific rigour of the study.

## **5.6 ETHICAL CONSIDERATIONS**

Ethical issues are an important aspect of social inquiry as any research potentially impacts on participants. Thus, ethics are intrinsically associated with protecting the interests of those who are taking part in the study or to avoid scandals arising from the manipulation of data (Flick, 2009). In this research, ethical issues were considered paramount because the study involved collecting sensitive information from vulnerable people. In addition to the University’s Code of Ethics and other protocols asked to be agreed with by the organizations and services involved in this study, other ethical measures were adopted in order to ensure that participants were protected from any kind of harm.

Before the interviews, I had the opportunity to speak to workers in order to inform them about the criteria and ethical considerations in place to protect young people’s wellbeing. When young people agreed to take part in the research, workers were also made aware of the time and place of the interview and were available to support the young person if they felt distressed after meeting with me. Before starting the interview with the participants, I explained who I was and why I was doing this research. I explained the process of interviewing and informed each young person that they could withdraw from it at any time without negative consequences or needing to explain themselves.

All participants received an oral and written explanation of the aims of this research, the nature of the information to be collected and how their information would be used. An

informed consent form was also produced for this study to inform participants about the research and obtain their voluntary participation. The consent form was written based on guidelines suggested by Sarantakos (2005). In line with this author, the consent form incorporated my identification, the sponsoring institution, the purpose of the research, the benefits of participating and assurance that the participant could withdraw at any time if he or she felt distressed. To these topics, I added information about the confidentiality of interviews. I also explained that confidentiality meant the omission of the participants' real names. The informed consent was explained and discussed with the young people before conducting the interviews. Each participant signed two copies, one for themselves and another for me. Without a signed informed consent form I would not proceed with the interview. Authorisation for taking notes or recording interviews with a digital recorder was also obtained through the consent form. Participants were made aware that they had the right to stop the digital recorder at any time, as well as not to answer questions with which they did not feel comfortable.

Whenever signs of distress or discomfort were displayed, I asked if they were feeling unwell, if they wanted to answer the question, if they would not like to answer and move on to another one, if they would like to stop or have a break. I also reminded participants of their right to withdraw from the interview without needing to explain themselves. At the end of the interview young people were asked if they want me to contact their key workers to support them. None of the young people felt emotionally low or that the interview had affected them negatively.

During the course of the interviews, my previous experience as a social worker in Portugal and Scotland was drawn upon to ensure that participants were not exposed to risk or uncomfortable circumstances. I also ensured that notebooks, memory sticks and printed information were safely stored. I planned to destroy the data collected after having finished the project in order to avoid confidential information being used by other researchers who might misappropriate it.

It is worth noting that, according to the National Guidance for Child Protection in Scotland (2010c), the contract of confidentiality would be suspended and information shared appropriately if concerns related to life-threatening situations, risk to other children, adult abusers and/or abuse by an adult in authority were highlighted during the interviews.

Young people were informed about this possible breach of confidentiality before starting the interview. The breach of confidentiality within this context is also supported for those over the age of 16 and who are protected by the Adult Support and Protection (Scotland) Act 2007.

## **5.7 CONCLUSION**

This chapter presented the rationale behind the epistemology of this study. It illustrated the compatibility between this research and the Constructivist paradigm which led this study to adopt a qualitative approach. This approach was seen as preferable due to the limited information available about the leaving care experience and the phenomenological nature of the evidence to be collected. In line with this, this study adopted a qualitative approach using in-depth semi-structured interviews to collect data from the young people and open interviews to collect information from key informants. The collection of data from different sources allowed me to acquire a more holistic perspective of the transition process and to triangulate the data in order to validate the emerging findings. This triangulation also contributed to the reliability of the analysis and interpretation of the information.

To organise, analyse and interpret the data, this study adopted an inductive thematic analysis and the validation of themes based on Boyatzi's (1998) guidelines. This process permitted the production of idiographic knowledge which reflected the realities and meanings of care leavers to answer the main questions of this research. This idiographic process also contributed to the reliability of this study as it eliminated intermediary sources as potential contaminating factors. The detailed description of the methodological process used in this chapter also contributed to the reliability and trustworthiness of this research by providing a rich account of the different epistemological stages. Thus, the qualitative approach adopted in this study not only allowed me to collect the necessary information to answer the main questions of this research, but also contributed to the scientific rigour demanded in a PhD project. The outcome of this methodological process will be discussed in the following chapters.

## **CHAPTER 6**

### **CHARACTERISING CARE LEAVERS: INFORMATION COLLECTED FROM KEY INFORMANTS**

#### **6.1 - INTRODUCTION**

As presented in chapter 5, qualitative inquiries suggest the existence of multi-realities and, therefore, the existence of multi-sources of knowledge. To meet this scientific criterion and complement the information collected from the young people, this study gathered the views of 17 professionals who were involved with the leaving care system. This chapter presents the evidence collected from the interviews undertaken with these professionals (see appendix A). This evidence provides an important knowledge-base to understand better the reality of care leavers and the key dimensions of their transition process. These findings also brought to light important characteristics associated with these young people, providing important knowledge to understand the context of this vulnerable group.

Section 6.2 will introduce the main features which characterise care leavers as a vulnerable group. Section 6.3 will discuss the specific characteristics of those care leavers who suffer from mental health issues, particularly depression. Section 6.4 will consider key aspects of independent adult living explored in this study: education, employment and housing.

#### **6.2 CARE LEAVERS: GENERAL CHARACTERISTICS**

##### ***‘The dark side of the moon’***

Key informants were initially asked to describe care leavers based on their professional experience. Their perceptions were largely negative, bringing to light a ‘*dark picture*’ which outlined negative psychological features such as immaturity, emotional confusion, poor attachments, and a lack of direction, motivation, resilience and life opportunities. In addition, care leavers were characterised by poor decision-making skills and associated with alcohol and drug abuse.

According to the key informants, the above negative psychological profile often leads young people leaving care to achieve poor outcomes and undergo less effective transitions independently of the support provided to them. As a residential child care worker stated:



*‘Support is out there, but they [workers] fail because of the nature of the people that we work with’.*

The ‘*nature*’ of care leavers was characterised as ‘wild’, ‘fragile’ and shaped by on-going harmful and deconstructive behaviour and experiences. According to the key informants, these deconstructive experiences are mainly connected to emotional issues, chaotic lifestyles, difficulties in coping with professionals and service providers. These negative experiences are also related to a lack of understanding in relation to the requirements of an independent life. Only one out of the 17 key informants described these young people positively before mentioning any negative features. According to this frontline worker:

*‘They’re [care leavers] all amazing people with great potential.’*

Only two key informants (a lecturer and a researcher) suggested external factors as primary causes of poor transition outcomes. Their accounts suggest that the system has ‘*lost the meaning of care*’ and, as a result, ‘*it is not focused on meeting individuals’ needs but rather following formal procedures*’. These academics also referred to the impact of inadequate resources to support care leavers in transition. According to these key informants, this is a consequence of a lack of priority given to the Throughcare and Aftercare Services. Councils tend to prioritise matters related to the Children and Families Departments such as Child Protection, over Throughcare and Aftercare.

In order to understand better the psychological features outlined by the key informants and their impact on young people’s transitions, the following sub-sections explore each of the personality characteristics mentioned by the professionals interviewed in this study. It is worth noting that these features operate concurrently and are simultaneously the causes and consequences of each other in the complexity of human experience.

#### *Young people’s immaturity*

Immaturity was simultaneously seen as a consequence of a disruptive background and as a cause of behavioural issues, discouragement and lack of responsibility. However, rather than being seen as a state of foolishness, it was interpreted as synonymous with being emotionally underdeveloped. This idea is supported by Attachment Theory which suggests that care leavers with a history of disruptive attachments are more likely to experience

developmental problems, particularly at the relational level. As a consequence, these young people might struggle when moving into independence due to their poor human agency and impaired psychological and cognitive functionality and difficulties in relating to others (Fahlberg, 1994; Murphy, 2011). Developmental Theories also suggest that care leavers' problematic backgrounds negatively impact on their emotional development and, therefore, on their personal growth which includes maturity and identity building (Schneider and Stevenson 1999; Arnett, 2000 cited by Macmillan, 2012). Based on Developmental Theories, care leavers' damaged identities and lack of maturity might lead them to experience anger, frustration, behavioural problems, and a lack of interest in their responsibilities as adults. Care leavers might be even more disadvantaged when others interpret this underdevelopment as foolishness, which might reduce their opportunities for being understood.

Key informants also suggested that immaturity might impact severely on two dimensions which are important in the process of moving on to independent living. These dimensions are engagement with service providers and decision-making. The following sub-sections explore each dimension in-depth.

#### *Lack of engagement with service providers*

Key informants suggested that care leavers often experience difficulties in cooperating with professionals, rules and boundaries. They frequently challenge workers by testing their limits or by constantly demanding things from those who try to support them. According to the professionals interviewed, young people either do not understand the need for support or refuse what is offered in an attempt to affirm their identity and independence, or they aim to test workers to ascertain how much they can really help them. They may also refuse support '*because they feel it is worthless or that they don't deserve it*' (Line Manager). Due to poor attachment experiences and difficulties, it may take several months or years to develop the necessary bond where the young person feels comfortable enough to trust professionals and accept the support offered to them. In line with another team leader, this lack of engagement is more likely to be experienced when young people are aged between 16 and 18:

*'I call the age between 16 and 18 the lost years. If you survive until 18, there is a chance for you to make something of yourself. A lot of young people come back to ask for support after 18'*

Some key informants believed that professionals' ability to work with young people (or lack of it) and their positions in relation to the field might influence care leavers' engagement with service providers. Workers who do not have a statutory duty and who provided support of a more practical nature, such as support or youth workers, are more likely to develop a positive relationship and, consequently, experience a higher level of engagement:

*'I think because we [the agency] are not a statutory body... I think because we offered something different, we offered the chance to go out, and I have the flexibility to have time for them' (Frontline Worker).*

Social workers who have the legal duty of care reported to experience more difficulties in engaging with young people. They attributed this difficulty to the stereotype associated with their role. To these young people, a social worker is someone who is there:

*'(...) to take children away from home, to bring people to court and take decisions that they do not agree with (Social worker).'*

#### *Poor decision-making skills*

According to key informants, young people's maturity has an impact on their decision-making processes. Due to this, they were described as often taking decisions without reflecting on possible consequences of their actions. According to a social worker, they [young people] say:

*'I cannot go and see my housing officer because I need to go with my pal into town'. Short-term rewards are more important than long-term, and it takes a couple of years for them [young people] to understand that this is not the best choice'.*

However, it is questionable whether it is care leavers' immaturity or the inappropriateness of what is asked of them that lead these young people to make poor choices. It is uncertain

whether it is appropriate to ask a young person if he or she would like to be independent when they are cognitively underdeveloped, emotionally fragile, experience attachment issues and might not see the support that is offered as useful.

### *Attachment issues*

Similar to immaturity, attachment issues were simultaneously seen as cause and consequence of psychological problems by key informants. According to a key informant from the health field, attachment problems are a '*consequence of their [young people's] poor backgrounds*', which can also cause anxiety, distress and depression. Other key informants added that attachment issues cause low self-esteem, behavioural problems and a lack of social skills.

The idea that social and relational skills are negatively affected by a lack of early quality relationships is not new and has already been widely discussed in the literature. John Bowlby developed Attachment Theory in the 1950s in order to explain behavioural and emotional difficulties based on unsatisfactory interactions between the infant and attachment figures during the child's development (cited by Stein, 2004; Davies, 2005). Downes (1992 cited in Dixon and Stein, 2005) also suggested that the difficulties that fostered young people face in accepting help or committing themselves to others are essentially related to their past history which includes the rejection of their birth family. According to Downes (1992 cited in Dixon and Stein, 2005), it seems that these young people live between the extremes of dependence and independence and, as a consequence, it is difficult to achieve a relational balance.

At the relationship level, information provided by the key informants also revealed that despite experiencing different sorts of abuse, birth families are important to a large number of these young people. This was found among the care leavers interviewed for this project. The most extreme case was that of a young woman who reported being sexually abused by her father. Although her mother did not believe her and asked her to leave the family home, she still wanted to find a tenancy close to her parents. According to a team leader, the desire to be part of the birth family might be so strong that it may lead some young people who are unable to return home to do badly in their lives and fail to gain independence in order to attract their family's attention.

Thus, despite their problematic background and lack of support from their family, some young people still hope to recover their family relationships. They aim to return home after leaving care or to re-establish family links in order to attempt to relive their lost childhood and to recover the love of those who were supposed to look after and protect them. In some cases, the desire to be loved by family members and for the safety provided by a place called home is more important than their own independence. Others might want to recover their family relationships because there is no one else to turn to if the need for support arises. Understanding this need to return a disruptive home might be difficult for those outside care and for whom returning to a context characterised by abuse and/or neglect is unimaginable. However, this reaction is not surprising in the context of human psychology. According to Attachment Theory, the attachment to the birth family is evolutionarily, functional and necessary for an individual's survival. Due to this, young people are unconsciously motivated to look for their caregivers independently of the experience of traumatic events (Murphy, 2011).

#### *Lack of direction and hopes for a positive future*

A lack of direction was seen to be intrinsically associated with emotional and mental confusion and negative feelings in relation to the present, the future and the self. A Team Leader of a Throughcare and Aftercare Team stated that:

*‘They often experience feelings of uncertainty about where they are in the world’.*

These feelings are also found among non-care leavers due to the developmental stage of adolescence (Arnet 2002, 2004). However, the difference with care leavers is that they do not look positively at their present or future and they present a negative state of mind even before they have started planning their independence (Team Leader's information). They often do not know where to start and are lacking in self-esteem and self-confidence. With nowhere to turn for support, it may take time for care leavers to reach the emotional balance that is necessary to take a positive move to independence.

#### *Young people's lack of resilience*

In chapter 1 care leavers' vulnerability was identified as the main cause of their lack of resilience (Akister, et al., 2010). As a consequence, young people leaving care may

encounter difficulties in achieving throughcare outcomes such as taking on adult responsibilities and achieving educational, employment and training-related goals (Akister, et al., 2010). Due to this, it is important to identify what aspects of these young people's experiences contribute to the development of their resilience in this particularly challenging period.

In this study, the key informants involved identified three specific factors which might help care leavers develop their resilience during their transition from care to independence: the absence of drugs and alcohol (this subject will be further explored in chapter 8), stable relationships and ageing.

Some key informants reported that some clients settled down after initiating a relationship, particularly with a partner, or when they became older. The former draws our attention to the concept of love, and the latter to the concept of aging. Love gives confidence, self-esteem, a sense of being accepted, supported and continuity. Although the concept of love is not commonly seen in academic literature, probably due to its subjective nature, not being loved is one of the greatest problems that care leavers need to overcome. The love that is denied in childhood affects their mental health and shapes their personality as confusion might arise when they ask '*why have those who should have loved me rejected me?*' The lack of love might also affect the way that they see themselves (as unwanted) and the way they see others leading to a lack of trust. Within this context, the concept of love is synonymous with a positive and secure attachment model. According to Stroebe and Archer (2013, p29),

'Attachment can be defined simply as an emotional connection to someone, evidenced by proximity seeking, feelings of security in the persons' presence, and protest on separation from this attachment figure.'

Thus, when experiencing bonding and compassion, individuals undergo a series of behavioural, affective, cognitive and physical changes which can affect their lives to a great extent due to the comforting feeling of bonding with another person (Langeslag et al., 2013). This comfort is based on the sense of security which is central to attachment theory. According to Russell (1930, p176), 'those who face life with a feeling of security are much

happier than those who face it with a feeling of insecurity'. Therefore, it is not surprising that some young people embark on a positive path when they find a partner.

In relation to growing older, the information collected from the key informants led to the identification of aging as a factor which contributes to the development of resilience. However, this process is more likely to be caused by a cognitive development and the experience of tiredness associated with repeated failures in life. This learning experience may contribute to greater awareness of the reality outside the care system and the need to change to be successful. The concept of aging will be further explored in chapter 7 and 8.

### *Substance misuse*

Alcohol and drug abuse is easily observed among care leavers, particularly among those suffering from mental health issues, experiencing chaotic lifestyles and having difficulties in dealing with past circumstances. This fact is not surprising. As research in the field suggests, in situations where young people experience mental health issues, illegal substances might be taken as self-administered medication to hide the symptoms of mental health (Livingston, 2009). This makes the detection of mental health problems and the prescription of treatments extremely difficult. According to a worker from the mental health field:

*'When they [young people] feel well under the effects of these substances, it may be difficult for her or him to see that they need help.'*

The complex web of problems experienced by these young people was pointed out by the key informants as the main cause of their substance misuse. Independently of the causes, the consumption of drugs and alcohol is a major problem as it often escalates existing issues and contributes to poor transition outcomes such as homelessness and criminality (Livingston, 2009).

### *Lack of opportunities*

When childhood and youth are characterised by disruption and a lack of positive and resilient models, care leavers may develop a way of seeing the world that might not be understood by others who have never been in contact with the care system. This is a

constructed reality which is as true as any other, particularly for care leavers who might have never experienced other ways of living and seeing the world. Some of them have never left the town or the suburbs where they live. As one colleague stated:

*‘Some of these kids have never seen the sea and they live so close to it.’*

This statement reveals that opportunities for care leavers to have contact with different people out with their sphere are limited.

### **The stages of critical journey to independence**

According to the key informants interviewed in this study, the negative psychological features described above are the main contributory factors to less effective transitions. Based on the information gathered from the 17 key informants, unsuccessful transitions often occur in six stages. These stages are not linear and care leavers might experience them once or several times in different moments of their transition. Table 6.1 introduces the six stages:



**Table 6.1 The different stages of unsuccessful transitions**

<b>Stage 1: The rebellious stage</b>	When the young person reaches 16 years old they experience ‘ <i>a powerful feeling</i> ’ (Support Worker). They believe they can manage and cope with the responsibilities of adult living. Despite their fragilities, these young people believe that they can look after themselves and that they do not need support to do so. They ignore the advice given to them by professionals and in some cases young people might change their behaviour to the point that the only option is to move them out of the care system. Examples of these behaviours are young people in foster care or residential units who might display aggressive or challenging behaviours to make it clear that they do not want to be where they are.
<b>Stage 2: The magic period</b>	The young person experiences a period of happiness in the first days or months of being independent. They have moved into their own flat, have funding from services and have independence and freedom for the first time. They enjoy having their friends around and managing their lives according to their own wishes, in ways which are often irresponsible.
<b>Stage 3: Confrontation with reality</b>	After a period of happiness, the young person realises that the world outside care is difficult. They start experiencing difficulties in sustaining their tenancy or job, in coping with isolation, in doing simple tasks such as paying bills or understanding mail. Some young people realise that the funding from benefits is not enough to sustain their independence. Others may lose their benefits as a consequence of a lack of engagement.
<b>Stage 4: The downwards spiral</b>	The difficulties experienced by young people may lead them to experience frustration, sadness, anger and confusion. Being independent is not what they had expected and a downward spiral begins. Some young people might start feeling dysphoric and search for alternative ways to forget their difficulties or sort out their problems.
<b>Stage 5: The beginning of a chaotic lifestyle</b>	Some young people may start taking drugs or alcohol or increase their consumption in order to hide the feelings of a troubled life. Others might get involved with crime. Responsibility at this stage is almost non-existent. They may lose their job and house due to debt or anti-social behaviour. Some of them might end up homeless. Others may fight against the shame, hiding their true feelings behind aggression, lack of engagement with support or isolation. Others might accept the support offered or look for it almost immediately.
<b>Stage 6: The second chance</b>	After reaching stage 5, support is offered or they ask for it. There are those who accept help and settle in life, those who refuse and remain in the chaos, and those who accept it and appear to go through a period of some stability but, unable to cope, resume on a downward spiral.

### 6.3 CARE LEAVERS: THE SPECIFIC CHARACTERISTICS OF THOSE WHO SUFFER FROM MENTAL HEALTH PROBLEMS

#### *‘The darker side of the moon’*

Key informants characterised care leavers suffering from mental health issues as ‘*very difficult people to treat*’ and their lives as ‘*chaotic, disorganised and stigmatised*’. In turn, mental health workers specifically outlined depression, self-harm, suicidal thoughts, phobias and anxiety as the most frequent mental health issues diagnosed among care leavers. Mood disorders (particularly dysphoria), psychosis and eating disorders were also referred to as being prevalent.

According to the key informants, care leavers’ mental health issues are often aggravated by their inability to attend medical appointments or to complete medical treatments. Similar evidence was found by Akister et al. (2010). As observed in Phillips’ (1997) study, some key informants also reported that although a great proportion of their clients suffer from mental health problems, particularly symptoms of depression, they are not referred to the appropriate services for treatment. The reasons why young people are not referred to services to be properly diagnosed and supported are complex. Some of the reasons mentioned by the professionals who were interviewed in this study were young people’s lack of engagement with support provided, the lack of resources available and the ‘*silent nature*’ of depression. Regarding the latter, a Frontline worker stated that:

‘It [depression] *takes time to manifest itself, be acknowledged and accepted*’.

However, while some young people avoid medical appointments and deny that they suffer from mental health issues, others accept their diagnosis as this facilitates their access to specific services or benefits. Due to this, and according to one key informant, some mental health services may be reluctant to establish a formal diagnosis.

Isolation and loneliness were also outlined by the key informants as common characteristics among care leavers suffering from mental health issues. Both isolation and loneliness may be caused by a lack of support networks, discrimination, fear of the outside world and confusion. In order to forget such feelings, care leavers may start going out with anyone

who will spend time with them. The consequences of such behaviour can be very negative. As will be shown, some of the young people interviewed ended up getting involved with gangs or consumed excessive amounts of alcohol in order to cope with feelings of depression.

Care leavers suffering from mental health problems were also seen as more likely to do worse than other care leavers in their transitions due to their mental health fragility. The need to cope with the combined demands of adulthood, symptoms of poor mental health and the process of transition itself might be difficult to accomplish. This brings us to the idea suggested by Focal Theory which states that when young people need to cope with several issues simultaneously they run the risk of an ineffective transition to independence (Coleman and Hendry, 1990). Adding to these difficulties, some young people decline to go to the doctor and struggle to deal with the side effects of anti-depressants, refusing to take their prescriptions:

*‘Because young people do not take medicines regularly they often feel quite strange and they do not get off from the side effects. They don’t understand how a medicine works’* (Social worker).

Although personality features were identified as obstacles to successful transitions, key informants also identified the lack of mental health support as a problem which contributes to poor outcomes among this specific group. According to a team leader from a Throughcare and Aftercare team:

*‘There are services for children and services for adults and there is a gap in services to support young people.’*

Since care leavers suffering from mental health issues are more likely to reach poor outcomes, they are also more likely to need additional support than others. Intensive support packages based on individual needs and planned strategies were reported by key informants to be critical to successful transitions. However, such intensive support requires both financial and human resources which might be difficult to put in place during a time of financial austerity.

## 6.4 KEY FACTORS OF INDEPENDENT ADULT LIVING

### **Educational and employment outcomes**

The key informants' accounts reinforced the findings of previous research (Biehal, 1995; Stein, 2002) which suggests poor education and employment outcomes among this group. The causes of this are a mixture of personal and external factors. The key informants interviewed in this research identified young people's lack of motivation as the main personal factor which contributes to poor educational and employment outcomes. This lack of motivation was also associated with a life dependent on benefits. Benefits were also described as a cultural factor inherent to their environment where relatives, neighbours and friends often apply for, receive or live on them. According to key informants, benefits may help young people to settle down during the first stage of their transition, but may not encourage further developments and progress.

An inability to deal with a work routine was also considered a main cause of unemployment among this group. Due to their mental fragilities, lack of resilience, and qualifications, young people often find proposed tasks and goals in work environments difficult to achieve and easily give up on them.

Immaturity and a lack of direction in life were also highlighted by key informants as a cause of difficult educational and employment pathways. It was also identified as a cause of discouragement to look for employment. However, the biggest challenge identified by the professionals involved in this study is young people's inability to deal with combined issues which they are unable to overcome as a consequence of their own background combined with an unrealistic perception of reality. According to a social worker:

*'A number of times the young people say: 'I just want a job', but they don't... they don't have a CV, they don't want to work with the careers worker on it, they just kinda of want to just appear.... and then is the time-keeping issue, and possible they need to speak appropriately to certain people in certain environments, being told what to do by authority, perhaps being criticised... they just can't do it' (Social worker').*

The experience of chaotic lifestyles and a lack of routine were also highlighted as personal characteristics which cause poor educational and employment outcomes by the key informants. The experience of chaotic lifestyles particularly affects the process of job seeking and young people's ability to sustain a job as it is difficult for some to follow a routine as illustrated by the following quote:

*'Most of these young people, independently of their foster placement, they do have difficulties in engaging with the labour market- there is no doubt about it. Not because they don't want to but their lives are chaotic and it's difficult for them to have a routine or to understand the importance of the routine. For a lot of these young kids, getting into something is not the problem, it's the sustaining that is the real issue. They don't have a mum or dad to get them up in the morning and make them breakfast' (Team Leader/manager – employment field).*

Lack of social skills also emerged as a personal characteristic that affects care leavers' educational and employment experiences. Associated with this is the young people's inability to manage relationships when acting as subordinates as they do not like to be told what to do. Additionally, their lack of social skills may also negatively affect their approach to those who may be able to help them.

Low self-esteem was also considered to be an issue which impacts negatively in these two dimensions and that may explain the lack of engagement associated with some young people:

*'There are a lot of issues around self-esteem... 'nobody wants me', 'why nobody wants me'. This is what a lot of kids say to me: 'you're wasting your time [name], there is no point' (Team leader/manager – employment field).*

Care leavers' lack of qualifications due to a troubled schooling history which denies them better job opportunities was also pointed out as one of the causes of poor employment outcomes. Finally, key informants reported that some young people do not want to have access to special schemes because they do not want to be associated with being in care or because they fear being stigmatised:

*'They don't want to be labelled as a former young looked-after person'* (Team leader/manager – employment field).

External factors were also mentioned as causes of care leavers' poor educational and employment outcomes. The following quotations show how the present economic crisis has affected the job-seeking process:

*'It has happened this year that getting ready for work has never been so competitive. Getting into the college has never been so competitive situation. This year everything is competitive, so the kids who are leaving school with very little qualifications as a lot of these kids are, and the fact that they don't have the social skills that a lot of other people have when they go for an interview for example, they will not get into courses or jobs that they wish'* (Team leader/manager – employment field).

Another support worker stated that:

*'There are so many people unemployed that if there is a job it is unlikely that this job is for a young person with a care background'.*

The lack of schemes and government programmes which promote real jobs for care leavers also emerged as an obstacle. Other schemes tend to disempower young people by making all decisions on their behalf. Key informants also referred to a lack of communication between agencies which provide support as an obstacle. This lack of communication may contribute to a lack of co-ordination between agencies and, therefore, to the development of less effective support strategies:

*'In terms of employment everything is too complicated. There is a lot of support in the community, though the support provided tends to disempower these young people as it takes a lot of their responsibility. There is also a lack of communication between agencies and about who does what.'* (Social worker).

Key informants also identified a lack of support for young women with children. Young mothers leaving care often have difficulties in finding child care (e.g. a place to leave their children while they are working) which causes difficulties in finding and maintaining a job.

Finally, stigma was also pointed out as an external cause of difficult educational and employment pathways as people often associate care leavers as problematic young people and, due to this, undesirable students and employees. As a consequence, their opportunities are reduced.

To overcome the problems identified above, the key informants interviewed were in agreement that preparation is the key factor in supporting care leavers when they enter the labour market. Nevertheless, the engagement of these young people in training programmes, courses and support schemes is not always effective. This happens not only because of their personality features, but because of a cycle of training schemes that *'are not translated into jobs and that do not meet their needs'* (Team leader). As a consequence, care leavers might often feel unmotivated and discouraged from pursuing education. Additionally, programmes aimed at tackling youth unemployment often target young people in general and do not focus on vulnerable groups such as care leavers. These schemes often involve inflexible rules such as full attendance, being punctual and engaging with the support offered. These requirements may be initially too demanding for some care leavers who are emotionally underdeveloped and who have lived all their lives in a world with different rules and norms.

To overcome some of the difficulties outlined above, some key informants reported that more should be invested in a pre-preparation period before any kind of practical guidance. Finally, it is worth remembering that the relationships between workers and young people may play an important role when trying to support care leavers at an educational and employment level. The following quotation supports this idea:

*'My own personal belief is that to build the relationship is very important and do that before they leave school for them to understand that you are around and understand that you're there to support and help them'* (Team leader).

Thus, when planning a career path for a young person leaving care, workers should take into account their relationship with the young person and their psychological functionality.

## **Housing outcomes**

Setting up a home has been considered to be one of the most important characteristics associated with independence and adulthood by young people, legislation and the key informants interviewed for this study. Unfortunately, a significant proportion of care leavers experience difficult accommodation pathways (Biehal et al., 1995; Broad, 1998; Dixon and Stein, 2005). According to the key informants interviewed, there are several causes which might lead to such pathways. For instance, budgeting emerged as a serious problem among care leavers. These young people tend to spend their money quickly and on non-priority items as the following citation from a frontline worker shows:

*'They don't understand that they need to have money to pay their bills'* (Frontline worker).

Additionally, other young people might find it difficult to respect their neighbours which may cause serious problems for them such as eviction. As one social worker illustrated:

*'Things like: do not make noise during the night, keep the sound of the T.V. low, is something that they do not know'.*

Lack of practical skills was also a problem identified that might lead to difficult housing pathways. These include keeping the house clean and organised, cooking, and difficulties in dealing with mail and bills due to low levels of literacy.

Moreover, gate control/keeping (control of access to and use of the property) can also create problems for some care leavers. Young people often have problems in controlling who visits their flat leading to trouble with neighbours due to high levels of noise, house parties and conflicts. According to one key informant, being surrounded by people is a way for care leavers to deal with isolation and avoid negative thoughts. Thus, it is preferable to be surrounded by others, whoever they are, rather than remaining alone in a 'box' (Team leader). This exposes young people to a set of risks such as to those who might take advantage of their vulnerability or difficulties in controlling who enters into the tenancy.

Isolation was described as one of the main problems associated with independent living. According to the key informants, isolation is felt particularly by those who move away



from residential or supported units where they had experienced a shared life and had professionals supporting them with their daily living tasks. Lack of consciousness about reality was also outlined as a problem:

*'The idealistic view that young people have about their first flat when they leave care does not help because they do not see the point when they are in care, 'it's all going to be wonderful', so what's the point in learning how to read an electricity meter, do some budget, cook a meal...' (Social worker).*

The next statement highlights that this lack of consciousness about reality is often accompanied by difficulties in accepting social rules which aggravates their circumstances:

*'It's sometimes purely accepting that there are rules about having people, visitors, in the accommodation and that is really hard for young people' (Social worker).*

Finally, difficulties in facing problems and coping with stress were also identified as causes of poor housing outcomes:

*'I find it quite sad seeing that excitement turning off. Sometimes they [young people] say: "I wish I haven't taken the flat now"...it is just this messy transition period that is very stressful for them' (Social worker).*

## **6.5 CONCLUSION**

The evidence presented in this chapter illustrated that professionals have a negative perception of young people leaving care which is explained by personality features and external factors. In relation to personality features, immaturity was seen as a factor that impacts on these young people's ability to engage with service providers and on their decision-making processes. Poor decision-making skills were also identified as a negative factor that greatly impacts on the critical journey experienced by those young people who undergo less effective transitions. Attachment issues were described on two levels: with professionals and with the birth family. The latter was of particular interest. Although some care leavers have experienced abuse from their parents, many of these young people still want to return home or re-establish family links. A lack of resilience was also identified as a common characteristic by the professionals who were interviewed. Within this negative context, love and aging emerged as two strong resilience factors and turning points to a

more resilient pathway. The experience of bonding and compassion seem to have led some young people to undergo a series of behavioural, affective, cognitive and physical changes which led them to engage with services, be more cautious in their decision-making and aware of their reality.

Evidence related to care leavers suffering from mental health problems suggests that these youngsters are more likely to undergo ineffective transitions due to their poor and impaired psychological functionality than those in care who do not suffer from mental health issues. According to the key informants, the lives of these young people are more chaotic and are stigmatised because of their care and health background. Due to this, they are more likely to achieve poorer outcomes.

In terms of education and employment, the key informants' accounts reinforced previous research findings. The evidence in this study identified personal features, such as a lack of social skills and low self-esteem, and external factors such as the current economic crisis and a lack of appropriate jobs as obstacles to positive educational and employment outcomes. Housing was also associated with complicated pathways as a consequence of poor budgeting, difficulties in dealing with bills and mail, poor maintenance of the property, a lack of respect towards neighbours, a lack of gate control and isolation.

The evidence in this chapter shows that, according to professionals, care leavers tend to develop negative personality traits and experience very difficult transitions. These professionals are ironically part of a system which has promised these young people a fresh start and a different future as they could no longer live with their birth parents. As seen in chapter 3 and 4, the reasons for this negative picture are complex. Nevertheless, the negative perception of professionals is unlikely to contribute to a shift in this deleterious scenario. Contrarily, according to the literature on resilience, this low expectation and lack of sensitivity can be by themselves contributing factors to poor outcomes. However, for young people who have been separated from their families, who have been subject to abuse and neglect, who have been disempowered, who have been through multiple placements, who have experienced poor educational outcomes and who have been diagnosed with depression, to reach emerging adulthood believing that it is still possible to change, achieve goals in life and not be defeated by suicidal thoughts is already in itself a great achievement. Thus, without disregarding the personality features which represent the risks

and challenges faced by these young people, it is arguable that these young people have a strong instinct to survive which can be identified as a resilience factor. Within this context, some young people, who may have been associated with negative features and perceived as achieving poor outcomes, may have actually done well considering their mental, family and care backgrounds.

## **CHAPTER 7**

### **YOUNG PEOPLE'S PERCEPTION OF INDEPENDENCE AND THE IMPACT OF FORMAL AND INFORMAL NETWORKS**

#### **7.1 INTRODUCTION**

Previous chapters showed that care leavers are still achieving poor outcomes across a range of life dimensions and undergo difficult journeys to independent living. This study was developed based on the assumption that knowledge about young people's experience can contribute to explain why care leavers are still a disadvantaged group compared to those young people without a care background after decades of policy and legislative developments. This statement is supported by Harrocks (1999) and Smith (2011) who argue that knowledge about care leavers' experiences is needed to achieve a greater understanding of these young people's needs, challenges and the factors leading to poor outcomes. The scarcity of knowledge about Throughcare experience is particularly evident in sub-groups of care leavers, such as those suffering from depression, as research in the field has tended to focus on care leavers as a whole and on these young people's outcomes.

Based on the analysis of the information collected from the young people involved in this study, this chapter seeks to expand already existing knowledge and research about care leavers. It discusses the key factors which have emerged as having a significant impact on young people's Throughcare experiences and outcomes. These factors are individuals' perceptions and support networks. Section 7.2 will introduce young people's perceptions of independence and how these personal conceptions affect their transitions. Section 7.3 will explore the formal support that is provided with a particular focus on the professional relationship between workers and young people. Section 7.4 will appraise the informal support that is supplied by social networks, particularly family and friends.

#### **7.2 YOUNG PEOPLE'S PERCEPTIONS OF INDEPENDENCE**

Three different perceptions of independence have emerged from the analysis of the information that was collected from the young people: material, practical and organisational. For some young people, independence was also associated with an instinct

for survival and a fear of the future. The following sub-sections will analyse each conceptualisation individually.

### **The material conception of independence**

The *Material conception*, which is related to having an independent tenancy and being financially independent, emerged as the most frequently mentioned perception of independence. For sixteen young people, being independent was perceived exclusively as having a tenancy and a job. The desire to experience a greater degree of freedom and have a place where they were able to bring their friends and family without restrictions were the main reasons behind this conception. However, for some participants, this ambition for freedom seemed to be associated with unrealistic expectations as described by key informants. This is exemplified in following quotations which represent the importance of having an independent tenancy associated with a material conception:

**Rachel:** ‘*Ah wan’ tae huvv parties*’

**Carla:** ‘*To do things on ma own, no rules, ma way*’

This lack of insight and unrealistic expectations about independence might be a consequence of these young people’s life experiences (or lack of) and their young age (Rachel was 17 and Carla 16). According to Developmental Theories, young people might not be cognitively developed or experienced enough to think responsibly about independence at this stage of their lives. Independently of the causes, this lack of understanding and cognitive growth, together with the desire to be disassociated from the care system and live independently, might have a negative impact on care leavers’ independent living. Some of the negative consequences associated with this rationale are young people’s inability to control the people who go into their tenancy (gate keeping), arrears as a consequence of not paying bills and the risk of eviction. These issues will be explored further in chapter 9.

### **The practical conception of independence**

The practical conception of independence was the next most frequently mentioned meaning of independent living (six young people). This perception of independence was associated

with the ability to conduct daily tasks without being supported. For example, for Laurie, independence meant:

*‘(...) bein’ able tae get up and wash your ain clothes, washin’ yer ain dishes, goin’ and doin’ yer ain shoppin...’*

For some young people, being able to deal with the practical side of life was extremely important. It was a way of acquiring some control over their lives and proving to the care system that they were capable of moving on without needing formal support.

However, not all young people saw the practical side as synonymous with control. For Louise, dealing with the everyday ‘*little things*’ was very important as practical tasks were connected to fulfilling maternal duties. As a consequence, the ‘*little things*’ were seen as indicators that she was meeting her parental responsibilities:

*‘[being independent] means a lot, especially now that ah’m a mum... three years ago I wouldnae’ve been able to cope... the fact that I’ve coped with, even with just little things, shows to me a lot and how much I’ve progressed. I’m a great mum and this is very important.’*

Although Louise was the only participant who associated the practical conception of independence with successful motherhood, understanding this experience is important as teenage pregnancy is high among young women leaving care (see chapter 4). Additionally, as chapter 8 will show, pregnancy gives meaning and direction to these young women. In Louise’s case, motherhood helped her stop thinking about suicide. It is not surprising, therefore, that fulfilling her motherhood duties, which involved the daily care of her child, was identified as important by Louise.

### **The organisational conception of independence**

The *organisational conception* of independence emerged from participants’ aspirations to manage and plan their lives according to their own wishes and not according to formal care procedures (five young people). For the young people, therefore, dealing with the organisational side of life was synonymous with the way in which they organised their routines. In this context, the organisational insight of independence is also connected to the practical conception as it involves the management of practical tasks according to

individuals' will (e.g. when and how they wanted). This insight into the concept of independence is consistent with Jones (2002) who found that for some young people becoming independent is associated with emancipation from parental authority and detachment from the parental home where life is organised by others, normally the parents. In the context of leaving care, this perception is strongly related to becoming disconnected from social work departments, foster families and residential units. For example, Alana mentioned that:

*'It means that naebody's from [name of the unit] gonnae be bossing me about anymore. Ah danne like tham'*

The organisational understanding of independence was also identified in the discourses of participants, such as Adele, who were not prepared for independence and wanted to remain in care for longer:

*'Just getting my life sorted before goin' out'*

The need for organisation and structure felt by Adele might be explained by her positive experience of support which she found useful in organising her life and achieving her goals. However, Adele also mentioned her fear regarding the future. This fear, which involves concerns about being independent, was also mentioned by seven other young people as a factor that impacted on their lives. The next section will analyse the association between independence and fear.

### **The fear of independence**

Evidence in this study identified several concerns and fears in relation to independent living. For example, some young people associated independence with their fear of being lonely. Mark reported a fear of *'being on my own'*. Alexia and Karen had the worry of having *'no one to speak to'*, rely on or ask for support when living independently. In more extreme cases this fear led to disproportionate levels of anxiety and suicidal ideation and intention. However, fear also emerged as a positive factor. For example, some young people viewed independence as an unknown path that should be carefully planned in order to succeed. Consequently, these young people decided to postpone their transition and extend their preparation to ensure that they would be better prepared for adulthood. The

idea of increasing care leaver's time of preparation for independence is supported by Dixon and Stein (2005). These two authors found that those who have remained in care for longer, have engaged with support offered to them and carefully planned their transitional journey are more likely to undergo effective transitions and achieve positive outcomes.

### **Independence as survival**

The association of independence with survival was particularly evident among those young people who had experienced more difficulties throughout their transitions, such as homelessness, lack of informal networks and lack of engagement with formal support. Alana's case is an example of this conception of independence. Her account distinguishes survival from independence:

*'I know how to live independent like surviving; I don't know how to live independent as in like being happy and living...'*

**Q:** *What is the difference between survival and being happy?*

*'My dad used to like say to me if ah wisnae in for 5 o'clock ah wasn't getting ma dinner. So I'd come up wi' ways tae steal from shoaps and stuff to feed masel so...obviously ah need tae figure ways to keep masel warm when ah wis stayin' out.'*

Alana's life experience provided her with strategies to overcome the suffering that she had experienced as a result of the rejection and lack of support from her family. However, Alana's life circumstances did not provide her with a positive experience. She possessed a sort of '*knowledge of survival*' that seems to have been acquired from negative experiences and is used for short-term problem-solving. As a consequence, having a good quality of life and being happy were dismissed goals as her aim was to urgently find food or a place to sleep. Alana's story might help us to understand why some care leavers struggle to be successful and how difficult it might be for some young people to make medium or long-term plans. Nonetheless, this knowledge of survival might not be entirely negative and it could actually be viewed as a potential spur for the development of greater responsibility. In Alana's case it helped her to develop the skills to manage the practical side of independence:



*‘(...) in a way ah ’m grateful for that [difficult life experience] because now when ah get ma money the first thing ah do is gas, electric and food.’*

Due to her experiences, Alana was successfully managing her second attempt to be independent at the time of her interview. Alana’s case illustrates that the knowledge acquired from negative life events can be potentially transformed into positive experiences.

### **The impact of participants’ perceptions of independence**

The previous subsections discussed different conceptions of independence that emerged from young people’s understanding of independent living. The importance given to these three conceptions, particularly to the material and practical meanings, had a negative impact on young people’s transition processes. For example, some young people identified having a source of income as the most important factor associated with adulthood, while others pointed out practical skills as the most important competencies to be acquired (e.g. budgeting or going to the supermarket). As a consequence, young people placed less significance on their mental well-being and on addressing their psychological and emotional difficulties. Alana’s quotation exemplifies this idea:

*‘Obviously ah’ve still got emotional problems, but ah’ll never get over my emotional problems, so I might take the jump [of moving into independence] while I can.’*

The low priority placed on mental well-being raised concerns when analysing young people’s accounts. For instance, Louise’s response shows that being psychologically fragile and mentally ill can have a negative impact on the ability to deal with practical tasks during the journey to adulthood:

*‘I was unwell, I mean very depressed, I wanted to disappear, I left the flat and I stopped speaking to my flatmates...that’s why. I’m much better now, I can cook, budget, shopping, no problems. I’m in a good moment of my depression, and so I’m doing well, I can do things’*

Louise showed that being in control of personal feelings and thoughts is very important as it allows the young person to function in practical terms. The key informants interviewed as

part of this research also believed that care leavers' difficulties in managing the practical side of life are a consequence of their mental fragility and disfunctionality

However, the practical side of life does not only depend on the mental functionality of the young people. Formal and informal support plays an important role in the success of care leavers' journey to adulthood. The following section will analyse the participants' experiences of formal support networks and their impact on these young people's transitions.

### **7.3 THE EXPERIENCE OF FORMAL SUPPORT**

As mentioned in previous chapters, in the context of leaving care, formal support is defined as the effective, practical, clinical or psychosocial care for mental, physical, social-related and substance-use problems. It can be varied in nature including clinical interventions, support with help-seeking, assistance through ongoing medical and mental health care relationships, the development of skills in problem-solving, conflict resolution and non-violent handling of disputes. In Scotland, the Throughcare and Aftercare support differs from council to council as it depends on the number of resources available, nature and number of the eligible population and the structural organisation of the councils. However, most councils have adopted an organisation based on the integration of Throughcare and Aftercare Teams within Children Services. These teams are in turn based on a corporate philosophy and on a series of protocols with existing organisations. Some of these organisations are national such as Barnardos and Shelter, others are more localised such as Carolina Trust in Dundee that provides practical support to care leavers and has developed an accommodation project.

Formal support should be identified in a young person's pathways plan, be monitored by the pathways coordinator and reviewed on a frequent basis by a review officer to ensure that minimum care standards regulated by legislative principles are met. The pathways plan is a working document which aims to assess care leavers' needs along with their personal views.

In this study, all the participants had some sort of support offered to help them plan their transition. Examples of this support are the development of cooking or budgeting skills,

job-searching, counselling, clinical support with mental health issues and financial assistance. However, the level of satisfaction with the assistance that was provided varied across the young people. Specific complaints were particularly evident with regards to the financial assistance that was offered or the place where they were housed after applying for social housing. Other young people felt that the support offered was neither appropriate nor sufficient. These young people always felt that the care system could have done more to support them. However, when analysing their accounts, it was evident that these participants had not always developed a positive relationship with their workers. This analysis highlighted that the relationship between the young person and professionals is one of the most important resilient elements within formal support. This is in line with Gilligan (2009) who has identified good relationships as an important resilience factor for children and young people in care. According to this author:

‘A key theme through the promotion of resilience is the value of good relationships. It is within the context of warm, interested, reciprocal relationships that children learn to feel secure, loved, valued, recognised, appreciated, applauded and celebrated. It is where they learn emotional intelligence and social understanding. It -is where they developed self-esteem’ (pV).

Because of the importance of the relationship between care leavers and workers, the next subsections will analyse the elements which positively and negatively affect this relationship.

### **Factors contributing to negative professional relationships**

Although Throughcare professionals aim to support young people leaving care, the participants of this study showed that they do not relate to these workers equally. This fact was also mentioned by the key informants and has been identified in the literature in the field (e.g. Gilligan, 2009). Young people living in supported accommodation or units identified their key workers as the most important professionals allocated to them. According to these young people, their key workers are often available when they need to talk about their problems or when they need advice. Additionally, as these professionals are frequently located nearby, the young people developed closer and more trusting

relationships with them than with other professionals who were not present as often. The on-going presence of support seemed to have had an important role in meeting participants' needs for prompt responses when problems arose. This was especially important for those care leavers who, as a consequence of their past and present experiences, felt rejected by their parents or were bullied by others. Agatha recalled that:

*'They were there, I could talk to them... I wasn't alone... they were there for me... they were there for me after school when I was bullied, I loved them to bits'.*

Agatha's response shows that the on-going presence of someone who can meet their emotional needs contributes to fulfilling young people's need for attention and care. Therefore, it is not surprising that the relationship with key workers, especially those in residential units, was identified as the most important. Furthermore, they were also mentioned as the most important professionals in helping young people to develop independent living skills.

In line with key informants, the analysis of young people's data showed that their lack of engagement with professionals from statutory services, such as social services, was caused by negative early experiences such as when they were taken away from their families by these services. These perceptions were also based on negative stereotypes of the social work profession and its role in removing children from families or reprimanding them when problems arise. In addition, young people also identified the slowness of social work provision and social workers' lack of availability to meet them as factors which contribute to negative relationships between young people and professionals. As a consequence of social workers' lack of time, the young people interviewed in this study perceived these professionals as non-supportive as they rarely turned up to find out how they were and to ask if they needed support. The following quotations exemplify this attitude:

**Monty:** *'(...) because he is a pain, he never does anything for me, it takes ages; I'd to wait months for ma clothing money... every time ah phone, he is never in.'*

**Matthew:** *'The social worker never really came oot, the only time ye really seen him was at the panels.'*

Like Monty and Mathew, Jackson and Martin (1998) found similar feelings concerning Social Workers. However, these authors also found that a great number of children and young people were not aware of what their social workers were in practice doing for them. For instance, Jackson and Martin (1998) found that a significant number of social workers supported young people by organising funding to help them remain and continue education. This was indirect support which young people did not experience directly and, consequently, were not aware of. Nevertheless, due to a lack of direct support to overcome educational problems, young people developed the idea that social workers did not take part in helping them to achieve positive outcomes.

Negative past experiences within the care system were also identified by the young people themselves as a cause of this lack of engagement. According to the young people interviewed, these experiences contributed to a loss of trust and a belief that the system is not there to help them. Gabriel, who had a problematic relationship with services, exemplifies these feelings:

*'(...)because they had lost the things to do with ma family... 'cos how can you lose things like that? That it's so precious to somebody...'*

In some cases, such as those of Matthew and Mark, the negative experience led to a complete loss of trust and a refusal of the support provided:

**Matthew:** *'Because they let me down.... ah lost ma wee boy aboot two years ago and ah was let down with a coupla of times through that. I'll no go beggin' for help'.*

**Mark:** *'I was too scared to ask for the help... because there was a few times where I did ask for help and that help would be then spoken to the foster carer, and they [foster carers] would basically bully me...'*

Mark's experience draws our attention to the importance of confidentiality among professionals and the need to understand and respect young people's wishes, problems and frustrations, even when these experiences appear to be unreasonable. Marianne's

experiences reinforced the importance of confidentiality. She added that her sense of trust was affected by professionals who in her view did not display a natural predisposition to working with looked after children and young people:

*'Ah dinae trust, because ah knew that at the end of the day it's only a joab and because of confidentiality. Ah canae tell ma 'hings to someone who is there for the money.'*

Marianne's statement reveals that some young people might prefer to be supported by individuals who volunteer to work in the care field rather than salaried professionals. This means that for some young people, volunteering is synonymous with a genuine predisposition to work in the field.

Other young people did not develop a positive relationship with workers because they felt ashamed of being involved with the care system and with mental health services, as Adele explains:

*'I refused the crisis team... they came out to see me and I used to think that folk thought I was off my heid and I used to think 'no I don't need help, I'm totally fine.'*

Other young people mentioned that the system could not do anything to support them when they tried to explain their lack of engagement. The origin of this feeling was twofold: negative past experiences and the difficulty in tackling and talking about emotional problems. The former has already been mentioned above in relation to Gabriel and the latter is underlined by Monty:

*'If it's a problem that ah 'hink that no one else can't help me with... what is the point in telling thum? People say it helps talkin', bit it doesnae seem to help me, ah tried and dinae help.'*

Lee explained that before he was charged with attempted murder, he *'didn't really care'* about the way he was conducting his life which led him not to engage with the support offered to him. He reported that he was taking drugs and alcohol at that time, *'having fun'* going out with his friends, getting into trouble and disobeying his parents. As a result, any strategy that aimed to change these patterns was rejected. This rejection had a negative

impact on his transition. As a consequence of his behaviour, he committed a crime and spent three years in prison.

The impact of negative relationships and lack of engagement with the support offered is evident throughout the accounts of the seven young people who had the most difficult first attempts to be independent. During their first attempts to be independent, all seven rejected the support offered. Their transition involved serious alcohol and drug problems, homelessness, prison and debt. During the interviews, all seven participants acknowledged that if they could go back in time, they would have accepted the support that was offered. This rationale alerts us that the maturity and experience that develops during late adolescence or beginning of emerging adulthood is a resilience factor. At this stage young people are more likely to recognise that they need support. As a consequence, they are more likely to reengage with formal support and experience a positive turn in their transition. However, for some young people who do not meet the legal criteria anymore, it might be too late. The next subsection will explore the factors that contribute to positive relationships and engagement with professionals.

### **Factors contributing to positive professional relationships**

Young people who experienced a certain level of independence, but at the same time knew that they could ask for support, were among those who developed positive relationships with professionals. Mark exemplifies this finding:

*‘I’m trying to get less support. I’m kinda reluctant on it. It’s not so much I need it, is more I want their support so that if I do something wrong... I would always go to them and gradually build up that independence.’*

Marks’s statement shows that for some young people the balance between independence and the availability of backup support is a key element in developing a positive relationship with services. It enables them to experience a *quasi*-normal life and move on to independent living successfully.

A number of young people, including Victor, employed the statement ‘*cos’ ah’m older*’ to explain why they decided to engage with the support offered to them. However, when analysing the data, it became apparent that growing older is closely associated with their

cognitive development. This process provided the participants with a greater understanding of their own personal needs and the positive consequences of engaging with support. This greater maturity also allowed some young people to understand that without support they would never achieve a successful transition. For example, Agatha felt that:

*'(...) being like this is jist pish, like ah've got nuhin' aheah of me'*

Agatha's feelings reveal a great deal of frustration with her poor outcomes. She had tried to live independently more than once and already had a long criminal record that was impacting on her job-searching. Adele also realised that she needed to engage with service providers as her successive attempts to sustain a tenancy had failed and she would ultimately become homeless:

*'I had no one else to turn to... It was either this or the streets, and I didnae want that.'*

Without informal support networks, Adele realised that she needed to engage with the support that was offered to her. Successive failures in achieving specific goals, such as sustaining a tenancy were also identified by other young people as a factor to engage with formal support. This was particularly evident among young mothers such as Louise, Anne and Cecilia. Motherhood developed their need to provide a good life and education for their children, in contrast to the one they had experienced. Anne explained that:

*'I'm at the stage now where it's no me, I need to think about him, it's my baby, so if I want to get on with my life, and give my baby the life that I've not had, then I need to speak to someone...'*

In some cases, the positive outcomes that were experienced led them to engage with all the assistance available and to look for more support. Marta realised that:

*'Speaking does help. It helps a lot. So I asked them to find a counsellor, she was great.'*



Louise added to these factors an interesting element:

*'I have known of them for too long really...'*

Louise mentioned that long-term connections were an important element to engage with professionals and develop positive relationships. In contrast, short-term relationships do not promote the opportunities required to develop positive feelings towards professionals. Instead, young people may experience increased feelings of emotional instability due to the disruption of attachments. However, the length of time of a relationship is not the only factor which contributes to young people's engagement with formal support. Evidence also revealed that a good relationship also depends on the amount of time spent with the young person and the quality of this time. Without these two elements, young people might experience difficulties in trusting their workers. For example, Matthew, who knew his social worker for a long time, said that:

*'The social worker never really came oot, the only time ye really seen him was at the panels.'*

In order to successfully engage with workers, participants were also clear that *'he or she needs to be a good worker.'* According to the young people, the qualities of a good worker are being *'supportive and available'* (which involves being present when the need arises), having *'a sense of humour'*, and being *'empathetic'* and *'compassionate'*. Empathy was intrinsically related to having a good understanding of young people's circumstances. According to the young people involved in this study, a compassionate professional with a good understanding of their reality would be able to fully comprehend their needs and problems without being judgemental. Finally, *'confidentiality'* played an important role in the definition of a good worker. Due to the complexity of the circumstances experienced such as abuse, neglect, relationship breakdowns, alcohol and drug problems and depression, young people did not want to share their circumstances and emotions with a large number of people. Confidentiality was also interrelated with the development of trust, which was considered to be a key element of positive relationships and is now explored in detail in the next section.

The above characteristics of a good worker have also been found in the literature review. According to Seipel et al. (2011), personal attributes such as ethical behaviour, honesty,

respectfulness, emotional stability, sense of responsibility, self-understanding, dependability, flexibility and integrity are all more important and valuable qualities than cognitive traits. Driscoll (2013) adds to this list the continuation of trustful relationships even beyond the termination of formal protocols. Within this context, the good worker is also the one who maintains the contact and continues to provide valuable help to these young people after they have left care.

Thus, key relationships are one of the most important resilience factors in these young people's journeys to adulthood. According to Dunlop (2013, p6):

‘...without someone by their side who they know and trust, guiding them through thick and thin, pointing them in the right direction and helping to get them back on track when they take a wrong turn, then the chances are these young people won't even know where to start in planning for their future. Resilience alone won't help them achieve this and the thought of having to do it alone or with people who are 'new' to them is probably the most daunting of all.’

Based on Dunlop (2013), it is arguable that positive relationships rely on the concept of responsiveness. If the worker responds to young people's needs, then young people will start developing their feelings of trust. This bond will grow stronger within a context of reciprocity and routine (Gilligan, 2009). The following sub-section is dedicated to the concept of trust.

### **The importance of trust in the context of the client-worker relationship**

The development of trust emerged as a complex subject involving both the young people's past and present experiences with others. In the context of this study trust is:

*‘A psychological state comprising the intention to accept vulnerability based upon positive expectations of the intentions or behaviour of another’ (Roussueau, 1998 cited in Lewick and Tomlinson, 2003).*

According to Driscoll (2013), when relationships based on trust and care are established, young people are more likely to accept and engage with the support offered. Due to this, trust is an important resilience factor in the leaving care field. According to the

developmental psychologist Erik Erikson (cited in Harder, 2009), our sense of trust develops during primary childhood through the relationship between the child and its mother. A child who goes through this stage feeling loved by his or her parents and feels that her or his needs are met will develop a greater sense of trust in the world and confidence in the future. In contrast, failing to meet a child's need for love and developmental growth might lead to frustration and a greater sense of mistrust of others (Harder, 2009). The lack of trust experienced by the young people involved in this study might be a consequence of their parents' failure to meet their primary needs when they were younger. The link between past, present and future is manifested in the feeling that if trust was violated by parents, anybody can violate it. This feeling might be exacerbated later by similar disruptive events with others and a lack of opportunity to live within stable relationships. Anne's account exemplifies the link between the past and present and how being in care can contribute to a loss of trust:

*'I've never been able to trust anybody, because I have been moved about so much. I've never really had that type of bond with ma mum or any of my foster carers or anything like that, to be able to open up and speak to them and trust them. I've put trust in people before and they've just let me down because I have been moved about so much, so, my wee motto is: don't trust nobody but yourself, and in that way you can't go wrong. If you don't need to trust anybody, nothing's going to go wrong and you can't get hurt...'*

This self-defence strategy might have implications for young people. For example, Anne reported that she was unable to ask for help as she did not trust others and did not want people to let her down. Anne was pregnant and a lack of appropriate support such as the assistance provided by a nurse or someone helping her to keep her medical appointments could have serious implications for her and her baby's health.

Maintaining confidentiality was the most important factor in a trusting relationship for Melanie. Workers' availability to meet and assist young people was also identified by some young people as an element of trust. According to the participants, seeing their workers frequently, if not every day, provides them with a sense of stability and continuity. The experience of similar life circumstances was also identified by young people as a factor that contributes to their trust in others. For example, Agatha revealed that similar life

experiences develop a sort of sympathy, compassion and sense of equality between young people and professionals:

*‘She’d lost her mum and she ken whit ah’m goan through.’*

Good listening skills and an ability to understand their inner world were also factors associated with the development of trust between young people, professionals and foster families:

**Alexander:** *‘[Name of the key worker] listens to me and she understands where I come frae...’*

**Ewan:** *‘When I need to talk [Name of the foster carer] always like seems to know, when there’s something wrong or when ah need tae... she always knows, she’s easy tae talk tae.’*

Alexander and Ewan highlighted that listening skills do not develop a greater sense of trust by themselves; they need to be accompanied by a non-judgemental attitude and a good understanding of the young people’s needs. Regardless of the nature of the relationships between young people and professionals, any sort of formal assistance needs to be established in a young person’s pathways plan. The next subsection will explore the impact of this framework on the transition journeys of the young people involved with this study.

### **The relevance of pathways and care plans for participants’ independence**

Formal support should be specifically identified in pathways plans and be monitored by a pathways coordinator to ensure that minimum care standards regulated by legislative principles are met. According to the information provided by the key informants in chapter 6, pathways plans are important tools and are considered as a significant advance in promoting the rights of care leavers. However, the information collected from the young people tells a different story. Young people did not find this framework useful and some of them did not remember having completed one. For example, Anne, who was supported by a Throughcare and Aftercare council team, did not know what a pathways plan was. Louise, also supported by a Throughcare and Aftercare council team, felt that the pathways plan was a useless tool because of the constant changes occurring in her life and the time that

was required in order to fill out and complete the plan. Similarly, Melanie stated that her pathways plan took too much time to be completed. Melanie also found that her pathways plan did not contribute to a sense of direction:

*‘It was just annoying to have a plan and not going anywhere.’*

Laurie was not sure if she had a pathways plan: *‘I ‘hink I did’* was her answer. Similarly, Monty answered: *‘ah think so. Ah remember talking about this in ma children’s unit’*. Rachel also had a vague idea of filling in a document with objectives for her future although she stated that: *‘it wis a’right, but ah jist can’t stick tae it’*.

The above statements raised a number of concerns regarding pathways plans. They revealed that, although pathways plans are considered as an important framework by workers and on legislative grounds, in reality they are not perceived as a useful and effective tool by the young people. In this study, not one young person found that their pathways plans contributed to their transition. As the accounts above show, pathways plans were considered to be an *‘annoying’* framework and *‘a waste of time’* because of the level of changeability or uncertainty concerning the young people’s circumstances. Another factor that contributed to the little meaning attributed to the pathways plans was a lack of representation of young people’s wishes. Alexia stated that:

*‘As far as ah’m concerned when it comes to pathways as soon as I get a copy ah just throw it in the bin now...they were more a thing from ma social worker.’*

Alexia felt that her pathways plan revealed what professionals thought would be better for her rather than what she would like to achieve in her future. According to the current policy, Pathways plans aim to be person-centred and focused on young people’s needs and ambitions. However, conflicts might arise when what the young person’s aspirations for themselves are not perceived as constructive options by workers. Pathways plans also involve the informal support that is provided to the young people. The next subsection will explore this subject.

## 7.4 THE EXPERIENCE OF INFORMAL SUPPORT

Informal support is defined as the provision of help and care provided by social networks such as friends, family and social groups. For some of the young people involved in this study, family, partners and friends played a significant role in their transition. These social networks were particularly important in looking after participants' children, in being available to talk about problems and personal issues, in providing them with food, guidance and financial support or a place to stay in cases of eviction. Informal support is thus of an instrumental, psychological and emotional nature.

The importance placed upon the informal support varied across the young people and the different stages of their transition. For example, when applying for social housing, the formal support provided by workers and housing departments was considered to be very important at the beginning of the housing application process, prevailing over informal support. However, once living independently, family and friends became more significant for some young people, particularly in terms of dealing with isolation and practical advice. Informal support also varied according to the nature of the relationships. The following section will analyse the nature of positive and negative relationships with informal networks.

### **The positive influence of informal networks**

Positive relationships with family and friends are particularly important in providing instrumental, psychological and emotional support for some of the young people in this study. Social networks provided a sort of intimate mutual support which reduced stress levels and helped young people recover from depressive moods. For example, some young people identified their family as a reason to stop self-harming. Matthew stopped self-harming because he did not want to distress and concern his closest family members, including his own children:

*'(...) 'cos ma family and ah know how devastated they wid be. Honestly if ah didnae huv people that care ah wid be happy tae dae it. Ah cannae think positively; cannae remember the last time ah hud positive thoughts.'*

The positive impact of informal relations was also evident in the development of the mental health wellbeing of those young people who did not suffer from depression. All eight young people claimed to have support from relatives, friends or a partner who were not involved with care and were living a reasonable balanced life. For example, for Steve his relationship with his long-term girlfriend had a positive impact on his transition:

**Q:** *Do you think that the fact that you are in a long-term relationship with your girlfriend also helps you?*

**Stevie:** *I feel that also helps yes. Because it's been quite a few years and it's stable and I can always lift the phone up or go to her house which is good.'*

The positive influence of social support was also manifested in the acquisition of practical skills which helped the young people with their transition to independent living. Michael outlines how he acquired his practical skills when he was younger:

*'Ma mum taught from a young age how to use the oven, how to wash dishes, so as soon as ah got the house ah knew what to do.'*

Moreover, for some young people, informal support networks were recognised as the key motivational factor to begin engaging with the support that was offered to them. For example, for Alana, being an older relative had a great impact on her transition:

*'(...) 'cos ah'm like a role model fir ma wee cousin who is like a daughter tae me... so ah jist wud like tae hav ma life back on track so she doesnae dae the same 'hings ah've done.'*

Similar to formal support, the length and the quality of the relationships emerged as an important element in the development of positive social networks as Marianne and Louise state with their quotes:

**Marianne:** [regarding her brother] *'(...) 'cause he's ma best mate. I've known him for so long and he knows every'n aboot me, he wudnae probably tell ma maw stuff about me'*

**Louise:** ‘ [regarding her best friend] (...) *eight years like supporting each other like help each other for everything... it wasn't for each other, either of us wouldn't be here*’.

Finally, loving relationships with partners were regarded as a highly important source of inspiration to do well in life. Calum underlined this idea when he was asked why he had changed his life after starting a relationship with his girlfriend:

*‘Because ah love her.’*

Thus, to love and to be loved appears to be an important factor which gives direction to the lives of some young people. It led some of the participants, such as Calum, to acknowledge the negative aspects of his life and the need to change and ask for support. However, young people's accounts also revealed that social networks might be negative and have a detrimental impact on their transitions. The next subsection will discuss this subject.

### **The negative influence of informal networks**

A great number of young people interviewed showed that family and friends did not necessarily provide them with effective support. For example, Laurie was placed living with her mother due to a lack of support accommodation. She recalled that:

*‘She sits and gets drunk, she told me the other night ‘tae fuck off and kill maseel and hat's your fault.’*

As a consequence of past negative experiences, some participants opted to avoid getting involved with their family. Monty and Mark refused to resume their relationships with their parents due to negative past experiences. Both young men lost trust in their family in a similar way:

**Monty:** *‘They've never been there, you now, ah'm not used to thum being around me, so they're just like strangers to me and they always will be. It's a bit harsh.’*

**Mark:** *‘It is highly unlikely that I'll ever speak to her [mother] again. It was too bad, I don't trust them, I've never trust.’*



In some cases, the influence of social networks proved to be extremely negative. For example, Adele reported that her friends had led her to problems with drinking. Likewise, Adrian stated that by the time he went to prison he thought he would like to be as '*his big brother*' who was both violent and respected by his peers. Gabriel also showed the impact his family had on his mental health:

**Gabriel:** *'There was no point, you know, ma family weren't really want to do much with me. Ah am on the streets, ah am not any use to anyone. Ah am no' any productive part of society, so why ah should be here.'*

Without family support, Gabriel lost direction and meaning in his life. As a consequence of his misconduct, he was evicted. With no friends and family to turn to and a lack of trust in support services, Gabriel became homeless. Finally, Ewan did not want to ask for support as his relatives were preoccupied with their own problems and, therefore, could not provide him with the assistance and attention he needed.

Interestingly, according to the key informants involved in this study, family may remain an important dimension in the lives of some young people despite the experience of different types of abuse. This was evident in Alana's case. Alana reported that she had been sexually abused by her father and was criticised by her mother who did not believe her and asked her to leave the family home. However, this young woman still wanted to find a tenancy close to her parents. When analysing Alana's experiences it became apparent that it was not the family itself that was important, but her hopes of having the family that she had never had. Alana was still hoping to have the support and love of her mother.

Thus, despite a problematic background and a lack of support from family, some young people still want to be part of their family. They aim to return home after leaving care or to re-establish family links in order to attempt to re-live a lost childhood and recover the love of those who were supposed to look after and protect them. In some cases, the desire to be loved by family members and for the safety provided by a place called home is more important than their own independence. Others might want to recover their family relationships because there is no one else to turn to if the need for support arises.

Understanding this need to return home might be difficult for those outside care. However, this reaction is not surprising in the context of human psychology. According to Attachment Theory, the attachment to the birth family has a functional aim as it is necessary for an individual's survival. As a consequence, young people are unconsciously motivated to look for their caregivers despite experiencing traumatic events (Mikilincer et al., 2003 cited in Murphy, 2011). However, this does not mean that services should encourage young people to resume with what were abusive relationships.

Finally, it must be noted that some young people interpreted their negative experiences in a different posture and carry this interpretation as a sort of lesson into the present. This can then support them during their transition. For example, Calum felt that his independent skills were developed through the negative experiences with his mother:

*'Ah know how tae dae all of that since ah wis 12 year old, cos ma mum wudnae dae it for me, so ah jist need tae dae every'n mase.'*

This sort of experience was particularly evident in young mothers as Louise shows:

*'I want to be different, I want to be a good mum, I know what I shouldn't do cos' this would hurt [name of the child], I love her, I'll do things different.'*

Thus, for young mothers, a difficult childhood provides them with knowledge about what might hurt their children. However, as their lives were mainly characterised by difficult experiences, it was unclear to what extent they were acquainted with the appropriate knowledge to look after their children appropriately. In this context, formal support might play an important role in helping young people developing parental skills.

## 7.5 CONCLUSION

This chapter has presented the three key aspects which impacted upon the transition processes of the young people involved in this study. These factors were young people's conceptions of independence, formal and informal support networks. The analysis of the data showed that young people tend to place great importance on the material meaning of independence. As a result, young people consign less significance on their mental well-being and in improving their poor mental health. The consequences of this are often

negative as the development of practical skills depends a great deal on a positive mental health. Without a balance between a positive mental health and practical proficiency, young people are more likely to be unable to develop the necessary skills to be independent. As a consequence, they are more likely to fail in their transitions and achieve poor outcomes. This lack of control over the practical side of independence is particularly evident when young people suffer from depression as their mental wellbeing is already impaired.

Due to their poor mental health and a lack of practical skills, care leavers always need some sort of support. This chapter showed that the assistance provided by formal networks can have a great impact on young people's transitions. In this context, a positive relationship based on trust between professionals and young people emerged as a fundamental factor for successful transitions due to high engagement levels. Informal support networks also appeared to impact on young people's transitions. However, while formal support is based on legal and political grounds and the duty of care, informal support is subjective in nature and depends a great deal on the will of others to support young people.

Regardless of whether support is formal or informal, it should always be defined in the young person's pathways plan. The meanings given to pathways plans led to an interesting discussion. According to young people's accounts, pathways plans are not a contributing factor to successful transitions. The level of changeability in their lives, the uncertainty in relation to the future and difficulties surrounding the pathways tasks were some of the factors mentioned by the young people to justify this lack of value. Nevertheless, care leavers are a vulnerable group and are in need of additional assistance in order to be independently successful. This assistance is particularly important to those suffering from mental health problems. In order to understand the experiences of this sub-group of care leavers, the next chapter will analyse the experience and impact of young people's mental health issues on their journey to adulthood.

A close analysis of the evidence presented in this chapter also shows the existence of resilience factors which can be easily covered by the negative scenario so often associated with care leavers. For example, an unrealistic meaning of independence, which can be worked and maximised by well-trained professionals, is not perceived as negative as a total absence of a meaning or even the inability to develop one. Another resilience factor mentioned in this chapter was the fear of independence. Although fear is *a priori* a negative

feeling, it leads young people to extend their preparation time which will contribute to the continuation of skills development programs to face the challenges of adulthood. Similar, the survival behaviour that some young people developed based on their negative early experiences is a potential factor which can be maximised by professionals to deal with the practical side of independence. The identification of negative experiences and feelings as resilience factors is not new. According to Gilligan (2009), resilient turning points are not always based on positive experiences. Other resilience factors identified in this chapter were the young people's ability to identify quality personal features in professionals, aging, the experience of accumulative failures and the experience of love relationships.

## **CHAPTER 8**

### **YOUNG PEOPLE'S EXPERIENCE OF MENTAL HEALTH PROBLEMS WHEN LEAVING CARE**

#### **8.1 INTRODUCTION**

This chapter discusses the specific impact of poor mental health on care leavers' transitions to independent living. It adds to the existing knowledge in the field a conceptualisation based on young people's experience of depression and how this illness impacts on their journey to adulthood. According to Akister et al. (2010), research into this subject is especially important as poor mental health impacts on young people's overall wellbeing, quality of life and life course. Additionally, evidence suggested that poor mental health affects a great number of young people in care, particularly depression (Dimigen, 1999; Meltzer et al., 2003) and associated symptoms of self-harm (Ridley and McCluskey, 2003) and suicidal ideation (Akister et al., 2010).

In order to guide the fieldwork, this study adopted the definition of depression adopted by the National Institute for Health and Clinical Excellence (NICE, 2009) and as stated in the DSM-IV:

'Depression refers to a range of mental conditions characterised by persistent low mood, absence of positive affect (loss of interest and enjoyment in ordinary things and experiences), and a range of associated emotional, cognitive, physical, and behavioural symptoms. Symptoms occur on a continuum of severity, and day to day functioning is often impaired'.

Section 8.2 will discuss the causes of depression and how young people involved in this study described the experience of this illness. Section 8.3 will consider the experience of attempting suicide, suicidal ideation and intention. Section 8.4 will present the experience of self-harm. Section 8.5 will discuss the consumption of alcohol and drugs. Following this, section 8.6 will introduce the resilience factors against poor mental health that were identified by some of the young people interviewed in this study. Section 8.7 appraises the experience of formal support specific to mental health. Finally, section 8.8 will discuss the impact of poor mental health on young people's transitions.

Before introducing section 8.2, it is worth reiterating that 27 young people who suffer from depression were interviewed in this study. Twenty one young people were clinically diagnosed with depression and 6 were believed to be suffering from depression by professionals due to the severity of the symptoms of poor mental health experienced.

## **8.2 THE EXPERIENCE OF DEPRESSION**

The data collected showed that living with depression is a multifaceted experience which is a consequence of complex life experiences. In more extreme cases, depression restricts the motivation to live and leads young people to self-harm or think about suicide. The subsection below will discuss the causes of depression and will examine young people's views on this matter. This evidence allows us to better understand how young people perceive the cause of their mental health problems, consequent challenges and the complexity of their feelings.

### **The causes of depression**

According to the young people interviewed, depression and its associated symptoms appear to be a consequence of both the psychological pain experienced during childhood and the negative events experienced while in care. The latter included the occurrence of negative experiences during their Throughcare experience such as young people's inability to deal with a demanding, and sometimes distressing, transition. This is in line with the theoretical framework discussed earlier. According to Developmental Theories, early negative attachments affect the child's emotional development in a negative manner. As a consequence, the child might develop emotional, psychological and cognitive difficulties which might be exacerbated during adolescence as a consequence of complex developmental changes. Thus, separation, loss, emotional instability, danger and harmful behaviour experienced in childhood are all factors which help predict poor mental health in emerging adulthood. This idea is supported by Life Course Theory. Additionally, Focal Theory adds that existing difficulties experienced by care leavers might be aggravated by the occurrence of simultaneous circumstances, events, issues and concerns; all of which might not be developmentally appropriate, during their transition. This means that for care leavers who have their psychological, emotional and cognitive functionality impaired, moving into independent living, finding a house, maintaining a tenancy, finding a job and a

way of surviving in the world outside of care might be too demanding. Finally, theoretical principles about trauma add to the above explanations that severe traumatic events, such as the impact of emotional, physical and sexual abuse, might change the mechanics of young people's biology, leaving core capacities, such as the development of secure attachment and self-regulation, impaired and beyond repair.

This study adds to the above cluster of theories a practical understanding about how in reality care leavers experience depression. Therefore, this study helps to link theory and practice within the leaving care context. This link is of great importance as it contributes towards a systemic comprehension of the leaving care field as a whole. The following paragraphs discuss the data which help to establish this connection between theory and practice.

Louise and Gabriel described the causes of their depression based on their experience:

**Louise:** *'Life has just been so bad that I just didn't want to go on suffering for nothing really. School was terrible, no' having ma friends and just ma family... an' been moved around with families.'*

**Gabriel:** *'There was no point, you know, ma family weren't really want to do much with me, ah am on the streets, ah am not any use to anyone, so why ah should be here?'*

Louise and Gabriel's accounts show that depression is a complex, personal and subjective experience rooted in the past. Anne reinforced this connection between past and present by stating that her feelings of deep sadness started when she was placed with a foster family. Anne blamed her parents for her involvement with the care system and felt rejected by her mother and father. As a consequence, Anne felt that she could not trust others and isolated herself. However, Anne's mental problems were also related to her inability to deal with her emotions and overcome the feelings associated with negative experiences. More recently, the breakdown of an abusive relationship destroyed her hopes of being loved and a miscarriage led her to attempt to take her own life. Due to loneliness, loneliness and without the meaning and purpose in life that motherhood gives, Ann felt hopeless and consequently suicidal. In this context, hopeless is defined:

‘As a failure to generate future positive events and therefore can conceivably be an area of intervention to assist with the generation of positive outcomes and thoughts.’  
(Looked After and Accommodated Children Joint Planning Group, 2006, p18)

In addition, Anne was struggling to achieve positive goals in order to make it through her independent living. According to Anne, she lost her job because of a lack of support and, as a result, she was in a precarious financial situation. She was also pregnant again and fearful of suffering a second miscarriage as a consequence of the distress that she was experiencing.

Anne’s experiences also brought to light that some events might aggravate depression and rapidly shift suicidal ideation into intention. Some of the experiences that caused this shift included an inability to deal with on-going bullying and the breakdown of relationships. These experiences reinforced negative feelings such as ‘*no one likes me*’. Another event that transformed suicidal ideation into intention was the experience of miscarriage as was the case with Ann and Agatha. This is a very difficult life event, particularly when considering that motherhood provides the motivation to carry on living and do well during their transition (see below). Another factor that was identified as a contributing factor to suicidal intention was the involvement of disruptive and negative informal networks. Agatha explained that:

*‘I felt as if a didnae have anything for my life because at that point ma mum wisnae even talking tae me, and ma cousins and that were tryin’ tae get me tae take valium and ah wisnae fuckin’ daein it. So I thought life would have been better if I killed maself.’*

However, the impact of informal networks is not always negative. As introduced in previous chapters, family and friends can play an important role in care leavers’ transitions. Positive relationships with family and friends were particularly important in providing instrumental, psychological and emotional support for some of the young people in this study. For example, some young people identified their family as a reason to stop self-harming. The lack of family networks can also contribute to the risk of depression and the development of suicidal ideation and intention stemming from a lack of support and feelings of loneliness and rejection. Thus, family can also be a resilience factor in the



context of depression. Nevertheless, this is not a new factor. According to Fletcher (2005) and Dixon and Stein (2005) the development of resilience is a complex and dynamic process depending on inner and external factors to the young people, including their family networks.

Finally, this study also adds that, although the triggers for depression discussed here have been separately identified, in reality they do not work in isolation. All participants reported that they had experienced difficult moments throughout their lives which had contributed to their depression and associated symptoms at the time of their transition. Alana described this as the *bottling-up syndrome*:

*‘It’s this bottling up ‘hing, it jist keeps building, and building...’*

Thus, in line with Focal Theory, this chapter argues that the stress experience from simultaneous past and present negative experiences throughout time is a risk factor which contributes to depression at the time of their transition. The next subsection explores the simultaneous experience of poor mental health and moving from care to independent living.

### **Living with depression when leaving care**

Young people referred to living with depression as an unknown and unpredictable path where their transition to adult living was marked by uncertainty due to a lack of control over their suicidal thoughts. Mark outlines this idea in the following quotation:

*‘Every day is worrying for me, in one minute I can be fine and the next minute I can be six feet under, I could be sitting here perfectly today and, tomorrow, I would commit suicide, sometimes I feel like I don’t have a future.’*

Mark was uncertain about the future because he could not control his suicidal thoughts. This uncertainty, combined with a difficult past and a demanding transition, left Mark in a state of anguish. The negative emotions experienced caused him very distressful and on-going suicidal ideation which was difficult to overcome. Mark’s account demonstrates the interconnectedness of the past, present and future and the complexity of this negative circle of thoughts, which is difficult to stop. Alana described this uncertainty and web of problems as constantly being *‘under a black cloud’*:

*'It's like living under a black cloud... you don't know when you're gonna get a bad spell... you cannae plan day to day because you don't know if you're gonna wake up, and just want to stay in all day and no want to see anybody.'*

Alana's accounts showed that depression is not felt occasionally, but is an everyday experience. She continually felt that her life would come to an end and, consequently, there was no transition, no adulthood and no positive outcomes to be achieved in the future. This lack of progress was considered by Alana and other participants to be both distressful and psychologically unbearable. As a result of such feelings, it is not surprising that young people described living with depression at the time of their transition as arduous and challenging. It was viewed as an everlasting sadness that prevented them from pursuing simple, but important, actions such as getting out of bed in order to start the day:

**Melanie:** *'Sometimes I'm just sad, really, really sad, like uncontrollably and I can't get out of my house or even my bed... often I get feelings of wanting to harm myself and this is something that has never gone away with me.'*

**Laurie:** *'Very hard... ah've just had a baby niece two days ago, and even that isn't makin' me feel happy at all. Ye wake up and ye've got this 'hing here, this feelin' right here, and it's like a big knot, tied in your stomach... When you have a day like that ye just dinnae want tae get oot your bed at all, dinnae want tae get up and dressed and go oot and dae somehin'. Ye just feel shit all day.'*

Laurie's statement also illustrates the difficulties of feeling happy during moments which could be described by others as positive. This lack of inclination for social activity highlights another problematic area. The majority of the young people that were interviewed, including Laurie and Marianne, singled out isolation, loneliness and feeling lost as three of the most commonly experienced negative feelings when suffering from depression:

*'It is so lonely, you feel like the only one going through it and you are so lost...'*

The accounts presented above show that living with depression is a complex and constant negative state of mind. It is understandable, therefore, that Carla, described her life as

*'completely chaotic'* and *'challenging'* and Marianne as *'horrible'*. Matthew simply and succinctly described depression as living *'without a smile'*. As a consequence, living with depression is associated with persistent uncertainty about the future because of a lack of control over suicidal thoughts and, therefore, over life. It is also an experience often accompanied by self-harming. The next sub-sections explore each of these issues separately. Section 8.3 will explore the experience of suicidal ideation and attempting suicide. Section will 8.4 discuss the experience of self-harm.

### **8.3 THE EXPERIENCE OF SUICIDAL IDEATION AND ATTEMPTING SUICIDE**

This section explores the dynamics of the suicidal thinking experienced by young people involved in this study. In this study, 22 out of 27 care leavers who suffer from depression had, or were experiencing, suicidal ideation or intention. The main causes identified by the young people to explain their suicidal thinking were a lack of purpose to live and the belief that their problems were insoluble. Laurie outlined these feelings when asked about her suicidal thinking:

*'Ye 'hink tae yersel' why am I here? What am I here for? Because there is nuhthin'. Ye just 'hink tae yersel': well would anybody even notice if I left? If ah did dae that, whit difference wid it make tae anybody? And then after ah 'hink: 'oh go and take an overdose, go cut yer wrists or somethin' stupit like that.'*

Young people also mentioned that feeling bored or experiencing difficult and unexpected events might aggravate their suicidal thoughts. These unexpected events are cause of concern. If young people already experience difficulties in dealing with well known problems to them, they might find it even more challenging to deal with new and unforeseen problems which they are not prepared for nor able to deal with.

Young people also added that suicidal ideation is difficult to address and hard to stop at this stage of life because of the demands and constant failures that they face. Marianne exemplifies this:

**Marianne:** *'It's too much, it has been on and on and on for so long...I canne stop. See when ye 'hink that 'ahhhh everything will be ok', something happens. It's jist this non-stop 'hing.*

However, some young people managed to stop their suicidal ideation. They had developed either internal mechanisms to cope with their thoughts or had found external support to help them reduce or stop their suicidal thinking. This matter will be further explored in section 8.6 when analysing protective factors against suicide.

In this study, 24 young people had tried to commit suicide in the past. Fifteen out of these 24 had tried to take their lives twice or more. The most extreme case revealed a history of 16 attempts. Two young people attempted suicide without previously thinking about ending their lives. A breakdown of a relationship and a miscarriage led these two care leavers to impulsively try suicide. Although this study involves a small sample of care leavers, it is of particular concern that 24 out of the 27 young people interviewed tried to commit suicide. This indicates that suicide might be a major problem among care leavers who suffer from depression and other mental health problems. Due to this, appropriate attention should be dedicated to addressing this issue.

The most commonly chosen method for committing suicide was by a drug overdose, particularly with paracetamol or medicines prescribed to treat depression such as Diazepam. Other methods were bleeding through wrist cutting/slashing, drug and alcohol overdose and hanging (one with a rope and another with laces). One young woman tried to jump off a bridge and another onto a railway line. In both cases, they were stopped by other people. When about to commit suicide, young people tried to be on their own either at home, in their rooms or in public gardens at a time where there were no people around or in their prison cell. This seclusion and need to be away from public attention reveals the personal and private nature of suicide attempts. The suicide attempts failed mainly because they were found by relatives or workers in time, the amount of medicines taken were not fatal, or they were stopped by someone.

Young people also reported that suicide attempts could be both premeditated and unplanned. When there was a plan, the young person might spend the previous days or months thinking about how to do it and developing the courage to do it. However, a large number of suicide attempts were pursued following a negative event and were not preconceived. The danger associated with this unpredictability is that the young person might not display any behaviour that indicates an intention to die. Additionally, almost all of the young people who tried to commit suicide had previously self-harmed or were self-

harming by the time of the interview (21 out of 24 interviewees). This suggests that self-harm needs to be seriously taken into account as a risk factor for suicide. Therefore it is important to understand the elements of self-harm in order to help care leavers stop injuring themselves and prevent others from doing so. The next section explores the experience of self-harm.

#### **8.4 THE EXPERIENCE OF SELF-HARMING**

In this study, 24 out of 27 young people had self-harmed and only one person carried out the act once. A large number of young people started self-harming between the ages of 12 and 15 years, with a few starting after the age of 16. As with suicidal ideation, intention and attempting suicide, the large number of young people self-harming within a sample of 27 might suggest that this is a major problem among care leavers who suffer from depression. Thus, research into this subject is especially pertinent as self-harm suggests emotional difficulties and might indicate a risk of suicide.

The specific reasons given to explain self-injury were twofold. It was used as a coping mechanism to deal with problems and a way of releasing emotional pain. The following accounts exemplify both explanations:

**Laurie:** *‘Ah ‘hink it was the only ‘hing ah could control, ye know, that ah could dae and ah could hide. And the blood, see when ah used to see the blood it’s like, it’s like when y’ve been walkin’ all day, and you sit doon, that’s the only way ah can describe it [sucks in breath]. Pure relaxation...’*

**Anne:** *‘I cannie like really described it. See if I’m angry or upset I’ll do it. When I cut myself it is like I’m that uptight, tense and then like when you do one tiny wee cut it is like uhhhhhhh, it just like takes it all oot, takes all the pain, takes all the anger, all the emotion that is going on at that precise moment. It’s like a release basically.’*

**Louise:** *‘It was my way of letting it out... feeling the pain on the outside to get freed from the pain from inside...’*

The above accounts demonstrate that self-harm is a way of coping with emotional and psychological problems. It seems that physical pain becomes preferable when the emotional distress is unbearable. Physical pain seems to release pressure and anger and distracts young people's minds from the problems that are tormenting them. Nevertheless, this study found that the aftermath is frequently accompanied by feelings of guilt, despair and frustration.

Young people also chose self-harm as coping strategy because they could do so *when* and *how* they wanted, manage it in silence, hide it from others and believe it was under control. Thus, self-harm not only released mental distress, but also gave a false sense of control. The commonest method of self-harming among these young people was cutting or slashing their body, particularly their wrists because they could hide the scars and control the deepness and the place of the incision. Only Louise reported using a different method which was pulling out her hair. However, she stopped because '*they could see it*'.

The young people also provided information about where they had seen, or heard about, self-harm for the first time. Laurie revealed that it was a boyfriend who had introduced her to self-harm. Anne and Alana said that other children in care showed them how to self-harm:

**Anne:** '*... a girl I was in care with, I was like mortified when I seen that, she had a scar from like a wrist to the join at her elbow, I was like 'why did you do that?' And she was like well, when I get angry, and when I get upset, I've just got to take it out on something, so I take it out on myself.*'

**Alana:** '*When I came in here there wis a girl ah wis sharing wi', she self-harmed, and that wis putting thoughts in ma head.*'

Finally, Melanie started self-harming because of curiosity and Marianne did so by accident:

**Melanie:** '*I knew about it, but was almost curious.*'

**Marianne:** '*It wis a pure accident, ah wis having an argument wi ma Ma, and Ah punched the door an Ah ripped ma knuckles and felt better.*'

The reasons given above shed light on the importance of examining young people's understanding of self-harming. It also highlights the importance of educating young people about the risks associated with self-harm and other ways of coping with problems. The following sub-section develops on the reasons to stop self-harming.

### **Reasons to stop self-harming**

The statements of the young people who managed to stop self-harming revealed that both internal and external factors were adopted to help them stop self-injuring. For example, coming close to death led Laurie to have a different conception of life. She realised that self-harm almost caused her to die when she only wanted to release emotional pain. The support of family, friends or partners also helped some of the participants stop self-harming as Matthew and Calum explained:

**Matthew:** *'(...) 'cos o' ma family and ah know how devastated they wid be. Honestly if ah didnae huv people that care, ah wid be happy tae dae it. Ah cannae think positively, ah cannae remember the last time ah hud positive thoughts.'*

**Calum:** *'I love her, so everything is fine now and I didn't need to do it'*

Positive relationships with others made some of the participants feel wanted and responsible for the well-being of their loved ones. This inspired them to become a successful example for younger relatives, despite life's adversities. In the context of family relationships, the birth of a child brought young mothers a sense of direction, as Louise shows:

*'I got pregnant and then I was just like: 'I can't really do this', like put myself and the baby in danger, I don't really want her to witness that because I witness that from my dad, I witnessed him attempting suicide; it's something that I never ever would wish anyone else to go through, specially (name of the baby).'*

Finally, as with the experience of suicidal ideation, some young people identified 'growing up' as a factor that made them stop self-harming. Thus, maturity leads some young people to understand what could help them move on effectively and find other ways of coping with emotional problems. Melanie stated that:

*‘I grew up and I soon realised that I needed to stop because I was harming myself and would be left with scars, I found other ways of coping.’*

Self-harm, as well as suicidal ideation, might be often aggravated by alcohol and substance abuse. This subject is relevant to this study as a large number of young people in and leaving care often consume alcohol and drugs as a coping mechanism (Looked After and Accommodated Children Joint Planning Group, 2006; Carr, 2009). The next section explores this subject.

## **8. 5 THE EXPERIENCE AND IMPACT OF SUBSTANCE ABUSE**

A large number of young people in and leaving care often consume alcohol and drugs as a coping mechanism (Looked After and Accommodated Children Joint Planning Group, 2006; Carr, 2009). This evidence is relevant to this study as for those experiencing depression, the consumption of alcohol and drugs can have serious consequences. They are not only at risk of having serious substance problems, but they are also more likely to see their suicide ideation and intentions increase as a consequence of alcohol and substance abuse (Choquet and Menke, 1990).

In this study, a significant number of young people tried both substances for the first time between the ages of 12-15 years (19 young people out of 27). This finding is similar to other research in the field. Ward et al. (2003) found that on average cannabis was first used at 14 years of age. Amphetamines, nitrites, LSD and ecstasy were used slightly later at 15 years of age and heroin, cocaine and crack cocaine were tried slightly later, on average at 16 years of age. In this research only a few young people started consuming illegal substances and alcohol after turning 16 years old (8 young people out of 27). The following quotations show why the young people started consuming alcohol or drugs at such young age:

**Adrian:** *‘(...) ‘cos of the people ah wis hangin’ aboot and aw that, drinkin’; takin’ hash; it wis a laugh and aw of that.’*

**Calum:** *‘(...) ‘cos ah wis hangin’ on the streets, everybody on the streets does it and ah jist tried.’*



These quotations show that peer pressure can play a significant role in the onset of substance abuse. In this context, vulnerable young people suffering from low self-esteem and lacking in confidence might be especially susceptible to the actions of bullies and gangs. They try hard to be accepted by peers and prioritize this above planning their independence. This might be a consequence of being rejected by their birth parents as Alexander revealed:

*‘Ye know, I dannae hav ma mum an’ ‘hins like that, ma pals were everythin’ fer me, they look at ye and if ye’re like thum ye’re ok. If ye’re on the streets, this is yer life, ye danae ‘hink about future or ‘hings like that.’*

Young people were not only influenced by friends when consuming alcohol and drugs. Some interviewees referred to succumbing to substance abuse under the influence of partners or relatives. Lee recalled that he started using drugs/alcohol:

*‘(...) because ah wis watching ma big brother an’ that daein’ it, an’ ah just joinin’ in. It was fun’.*

The influence of family backgrounds on the young people’s substance misuse was difficult to assess in this study. Some participants who had experienced a disruptive family background had no problems with alcohol. For example, one young woman who was sexually abused by her father, her brother and a friend of her brother never used alcohol as self-medication. In contrast, Lee, who described his family as normal and one in which he felt *loved*, had a serious problem with drugs and alcohol which contributed to him being charged with attempted murder at the age of 17. This suggests that peer pressure and personality features might play a more important role when attempting to abstain from or to continue with the consumption of drugs and alcohol. Evidence in this study also brought up the reasons which justify the on-going consumption of alcohol and drugs. Table 8.1 summarises these reasons:

**Table 8.1 Specific reasons to explain on-going substance abuse**

<b>Reasons</b>	<b>Examples</b>
<b>Difficulties in finding pleasure in doing other activities</b>	<b>Alexia:</b> <i>'(...) because without the speed, life was dull and boring.'</i>
<b>Having fun</b>	<b>Victor:</b> <i>'I think it's funny the state ah get in wi it. Ah mean, ah don't like seagulls, so when ah'm oot, ah pretend ah'm shootin' seagulls, and ah find it funny.'</i>
<b>Peer pressure/influence or feeling part of a group</b>	<b>Adrian:</b> <i>'(...) 'cos of the people ah wis hanging about. If ah want tae be a big boy, ye need tae dae the 'hings the big boys dae: tae sit and smoke and drink'.</i>
<b>To feel happy and alive</b>	<b>Agatha:</b> <i>'(...) because the alcohol is stronge, it made me feel like ah wud be happy. If ah got drunk, ah wud dance and be lively.'</i>
<b>Addiction</b>	<b>Matthew:</b> <i>'Ah dae it cos ah feel ah need tae; ma heid's aw over the place if huv no hud nothing...'</i>

Independent of the reasons presented in Table 8.1, it is worth noting that some young people were aware of the harmful effects of their substance abuse. However, they chose not to stop. Laurie's account helps us understand why:

*'I know that weed causes mental health issues, but when ah smoke a joint, it bloody helps me... just smoke a joint just to get her [mother] away or like calm me doon.'*

It seems that for some young people like Laurie, drugs and other substances are taken to help them deal with her problems. Nevertheless, the impact of the substance misuse was very negative for some young people. As mentioned above, it aggravated suicidal ideation and intention in some cases. In others, such as Clayton, Michael and Lee, the consumption of alcohol and drugs played an important role in their difficult transitions. These three young men had a serious drug or alcohol problems which contributed to anti-social behaviour and led them to be involved with the Criminal Justice System and spend time in prison. The following quotations show how alcohol and drugs impacted on their lives:

**Clayton:** *'Ma mates started selling harder drugs and then he started, like experimenting on it and he told me about it, so I tried it and ah liked too much and we ended up startin' burnin' a lot, and ma mum, ah'm not goannae lie, she ended*

*up started sellin' and ah was stealin' aff her; from there on in, it was pure shit. Ah've been in and oot the jail frae about 16, jist petty charges because of drugs, shopliftin', attempt house breakin', theft by findin.'*

**Michael:** *'(...) taking drugs and breakin' into places, not hooses, car and shoaps, ah always break into the shoaps because they get it back on the insurance. Ah says: 'oh well ah'm not hurting anybody?' but obvious ah'm hurting the folk in the shoap, but ah'm not the kind of person that breaks into a hoose because ah wudnae like that in ma ain.'*

**Lee:** *'Ah wis 12 and every time that ah wis drunk ah wis jist getting into fights and that, and when ah wis 15 ah got remanded first time... and then when ah wis 16 ah git done with a serious assault, it was attempt murder basically, it was drapped to a serious assault and disfigurement, severe injury and endangering life, got three and half year for it.'*

Serious problems with alcohol and drugs might lead some young people to experience anti-social behaviour, robbery, such as shoplifting and breaking into houses. The impact of being in prison and having a criminal record on care leavers' transition can be very negative. For example, Clayton and Chloe lost their tenancies because of their involvement with illegal substances and criminality. When Clayton attempted to live independently for the first time he started selling drugs as a source of income. He was later arrested. Although Chloe had the opportunity to move into a tenancy supported by a Throughcare and Aftercare council service, she got involved in a fight while under the influence of alcohol. Chloe was arrested and also lost her tenancy. Other young people had their school or work performance affected by the consumption of alcohol and drugs. They went to school or work under the influence of alcohol which affected their behaviour and performance. Others, who led a chaotic lifestyle and consumed drugs and alcohol in excess, withdrew from school, achieved poor or no qualifications and encountered difficulties in finding a job. In the context of their life the aim was to find the next dosage to consume rather than planning their transition.

## 8.6 RESILIENCE FACTORS AGAINST POOR MENTAL HEALTH

For care leavers who suffer from depression, resilience is a very important ability as it helps these young people deal with very difficult symptomatology as well as assisting them in coping with their transition. This ability can contribute to minimise suicidal ideation and, therefore, support these young people to achieve and thrive during emerging adulthood. Within this research this ability emerged as a group of protective factors or strategies adopted by the participants when they felt very depressive, suicidal or wanted to self-harm. According to research in the field, individuals who possess or develop protective factors and strategies are more likely to deal better with distress and reduce the impact of negative events on their mental health (Plancherel, et al., 1994, cited in Dumont and Provost, 1998). Protective factors might be particularly valuable in the context of young people leaving care as this group appears to experience high rates of poor mental health (Dimigen, 1999; Meltzer et al., 2003).

Agatha's and Calum's experiences highlight the importance of formal support as a protective factor. Both young people reported that the support they received and their progress in life helped them stop feeling suicidal. Adele stated that '*growing up*' was a protective factor against her poor mental health:

**Adele:** *'I think I've actually grown up now'*

Similar Laurie, who managed to stop her continuous suicidal thinking, mentioned that growing up enabled her to think rationally about life and reflect on the circumstances which had led to being placed in care:

*'Ah'm older, ah can see 'hings now. See, before ah would thought: 'oh is ma fault, ah was a bad child, 'hings like that, but now it's different. Ah see 'hings differently. She [her mother] is jus an alki'.*

Based on Developmental Theories, this realisation seems to be connected to a greater cognitive growth as a consequence of these young people's development into adulthood. As a result, they were able to analyse reality in a more rational way and understand what could help them move on effectively when they become older. Thus, as a consequence of her greater maturity, Laurie realised that being in care was not her fault and she stopped

blaming herself. Since then she has stopped self-harming and asks for help when the need arises. However, according to Developmental Theories, human cognitive development is not the same in all individuals as it may take longer for some young people than for others to develop coping strategies. If the young person is cognitively and psychologically impaired, it might take time for him or her to develop and understand positive coping strategies. In the context of young people leaving care, a great number of care leavers might suffer from cognitive and psychological difficulties. As a consequence, it might take more time for them to develop the appropriate rationale which allows them to cope with the challenges of their transition. This lack of coping skills might increase the risk of unsuccessful transitions.

Louise and Alexia found that painting, writing, talking and walking provided an escape from their suicidal ideation. Talking was mentioned by Ewan, who also plays football when he feels 'don'. Rachel felt that running helps her clear her mind and Alexia stated that voluntary work kept her suicidal thoughts away. Adrian found in his child a reason to stop his suicidal and self-harm ideation while Anne found that going outside and walking the dog helped her stop thinking about suicide. She also mentioned that thinking about her family when she wanted to commit suicide helped her not to follow through with the act. Other young people also regarded their family as a protective factor. The importance of social networks in the development of a positive mental health was identified by the eight participants who were not diagnosed with depression. All eight young people expressed having support from relatives, friends or a girlfriend or boyfriend who were not involved with the care system:

**Hugh:** *'I'm just a nice happy person, I've been brought up in a good way, so there's no point in me being down and sad about a lot of shit.'* [mother died when Hugh was 13 years old]

**Stevie:** *'Well it's all down to the support I have had which is a good thing'.*

**Q:** *Do you think that the fact that you are in a long-term relationship with your girlfriend also helps you?*

**Stevie:** *'I feel that also helps yes. Because it's been quite a few years and it's stable and I can always lift the phone up or go to her house which is good.'*

However, it is also possible to conclude that certain personality traits – although difficult to define - contributed to the development of a more positive vision of life despite negative and dramatic events. For example, Phil, who was not diagnosed with depression, stated that:

*'If you don't laugh you cry; there is no point of doing this all time, it doesn't get you anywhere...it's better to be positive'.*

When asked about the causes of such traits, young people answered that they *'didn't know'*. Thus, it seems that some young people appeared to have the capacity to think about their problems as something that had happened in the past and that should not interfere with their present and future. They considered themselves to be happy, despite all the adversities that they had experienced. Although it might be easy to identify this ability as a 'resilience' factor, the nature or genesis of this trait is difficult to identify. This statement is in line with Fletcher (2005) who argues that the development of resilience is a complex and dynamic process depending on a multitude of factors.

Finally, it is worth noting that the participants who had a positive educational experience also mentioned being more positive in life. This suggests that being in a constructive educational environment which allows personal achievement contributes to the development of resilience. However, managing poor mental health does not only depend on inner characteristics to the young people themselves. Formal support might play an important role in this process, particularly at such a demanding stage. The following section will analyse young people's experiences of formal support in the context of mental health.

These protective factors are of significant importance as they demonstrate that change is possible through small actions and steps, even when the young person experiences difficult transitions (Gilligan, 2009). In this context, they can be incorporated in resilience-led perspectives and interventions.

## 8.7 THE EXPERIENCE OF THE SUPPORT PROVIDED

In the context of mental health, formal support can have a great impact on young people's transition to independence. For example, it can help them overcome their emotional and psychological problems through therapies or counselling. However, as seen in chapter 4, services are often patchy and might not offer appropriate assistance to these young people. Additionally, due to long waiting lists and rigid criteria to access services, some young people might not be provided with the right assistance from CAMHS and AMHS.

Similar to the description of formal support in chapter 7, the relationship between young people and workers emerged as an important element within the formal support provided to tackle mental health problems. This relationship was mainly affected by young people's feelings in relation to the professional allocated to them. For example, after two years, Alexia started engaging with her counsellor. This positive engagement made Alexia feel comfortable with talking through her problems and find positive ways to deal with her depression and isolation. However, negative experiences with professionals were also mentioned. Mathew identified the constant turnover of workers as a negative element that impacts on the development of necessary rapport:

*'It's jist been a joke; every second appointment the person left or it's a new person and you have to start again and tell them your full story'*

Thus, constant changes in health professionals might affect these young people's recovery as they feel that the time spent in previous meetings is wasted and that the treatment never goes further than an initial assessment. Young people might feel that such appointments are unproductive because the trust needed to start a supportive relationship is never achieved and treatment goals are never met. This may lead to some young people giving up on treatments as Matthew did. Once they have withdrawn from treatment, young people are left without support which has obvious implications to their recovery and, consequently, transition. In addition, this turnover does not help care leavers experience the long-term and quality relationships needed to develop positive engagement and outcomes. This was confirmed by Alexia who highlighted that it takes time to build a professional relationship. According to Alexia, time is necessary as facing a difficult past, talking about a

complicated present and an uncertain future, and dealing with mental health issues is not an easy task:

*‘It took me two years to exactly speak to the counsellor, it was just so difficult to talk about things, so instead of speaking to her about the things that ah needed to speak about, she would take me out to (name of restaurant), bowling, ice skating, she just would take me out’.*

Although talking about personal problems might require time, as soon as young people felt comfortable in doing so the benefits were immediately recognised. According to Alexia:

*‘Ah wis on anti depressants, bit ah came off them straight away and ah jist managed tae talk about it and that so a felt a lot better, so. I thought I would talk about it instead of taking tablets for it.’*

Tara also highlighted a lack of understanding of young people’s mental health issues as an obstacle to developing positive relationships with mental health professionals. She felt that hospital staff only wanted to discharge her from the ward where she was rather than looking at the causes of her problems. Tara was discharged without the support of a psychologist or counsellor and on a Valium prescription. As a consequence, she developed an addiction to Valium. Later, she gave up on her treatment which compromised her already poor mental health:

*‘Ah went there because ah wis trying to kill masel and what all they done wais to gie me vallies and just sent me home. If they had kept me there and got to the bottom of that problem, they wouldn’t have had to give me them, and if they hadn’t given me them, then maybe I wouldn’t have started taking vallies in my later life. So aye, I blame them for that. So rather than just trying to get everybody out of the door, they should start looking at what’s actually gone wrong rather than just doing what they do.’*

However, care leavers’ mental health condition can also be aggravated as a consequence of young people’s difficulties in accepting the support provided. As seen in chapter 6, the key informants interviewed also reported that a great number of young people are often unwilling and reluctant to seek support in relation to their mental health. For example,



Adele refused the help from the crisis team because she did not want to be subjected to discrimination. The fear of being associated with poor mental health, therefore, is an additional barrier to engaging with mental health support among young people who are already stigmatised for being in care.

Young people's difficulties in understanding the treatment prescribed might also contribute to a lack of engagement and understanding of treatment programs. According to key informants, young people can get confused with the amount of medication and the times at which it should be taken. Others might not comprehend or have difficulties in dealing with the side effects of some medicines. As a consequence, they stop taking their prescription. Thus, young people, who might have been offered appropriate support, might claim that they have not received the right assistance. Nevertheless, due to their lack of understanding of their mental health condition and treatment, they blame the system for not putting effective support in place.

## **8.8 THE IMPACT OF DEPRESSION AND ASSOCIATED SYMPTOMS ON YOUNG PEOPLE'S TRANSITIONS**

This section analyses how depression impacts on the transition from care to independent living. It provides a valuable insight into care leavers' reality based on the young people's experiences and views. The main consequences of suffering from depression at this stage of life were: anxiety in relation to the future, increased difficulties in dealing with the practical side of life, stigma, lack of engagement with professionals and anti-social behaviour. It is important to note that, although the following sub-sections analyse the different type of consequences separately, they might be experienced simultaneously.

### **Anxiety in relation to the future**

Anxiety can be a response to stress, a normal reaction to an unknown event or changes in personal routines. In this context, anxiety might not be considered problematic. Nevertheless, for the young people interviewed in this study, anxiety was overwhelming and caused considerable suffering. It interfered and impaired their rationale and ability to conduct practical tasks, achieve positive life goals and behave according to social and developmental expectations.

For a large number of young people, anxiety was an expression of their uncertainty in relation to the future. Although this might be considered ‘normal’ for a great number of individuals, for the young people interviewed the uncertainty experienced was due to suicidal ideation and intention. Due to this, some young people added to their difficulties in dealing with their past and a demanding present the belief that they did not have a future. They believed that they would never achieve positive outcomes in life as a consequence of their problems and a lack of ability to manage their transition. The psychological pain resulting from this belief was considered by some young people to be unbearable. As a result, suicide was a potential option to solve their problems. The following sub-section explores in detail the increased difficulties in dealing with the practical side of life which can contribute to severe anxiety.

### **Increased difficulties in dealing with the practical side of life**

As mentioned in chapter 7, young people’s poor mental health is an issue that impacts on their ability to deal with the practical side of transition. Due to this, care leavers who suffer from depression are more likely to be unable to develop the necessary skills to be independent and fulfil important material and practical tasks such as housekeeping and shopping for themselves as Alana shows:

*‘When ma depression hits quite badly then ah cannae get motivated and like I don’t do my housework, I don’t even open ma curtains; ah’ve actually been quite bad the past couple of weeks... ma hoose is a total mess...’*

This inability to deal with practical tasks can impact on young people’s transition at several levels. For example, not looking after their tenancy might lead to conflicts with housing services, while an inability to shop might lead to budgeting-related problems or to a poor diet. These experiences might create additional problems such as added physical problems which can result from malnutrition, debt and a loss of financial control. This, in turn, can lead to increased suicidal ideation that might heighten their uncertainty regarding their future and, therefore, their anxiety. As a consequence, young people might feel low, isolate themselves and lack confidence to move on. The following subsection will explore these three feelings in detail and their impact on young people’s transition.

## **The impact of feeling low, lonely and lacking in confidence**

Feelings of being low, lonely and lacking in confidence were three feelings commonly experienced by young people. For example, Alexia reported that she avoided social contact, particularly when she felt extremely low and anxious. As a result, she lacked confidence to face others and face the demands of her transition. She found comfort in her room reading romance books. She preferred to immerse herself in others' stories in order to forget her own existence for a moment. However, such isolation might be detrimental, especially during adolescence when social interactions are important to the overall development of individuals. In addition, Alexia was not actively planning her transition as she was spending more time in her room embracing her fantasies rather than doing anything that could transform her reality.

Similar to Alexia, Monty reported that depression made him feel constantly low and lacking in confidence when he first attempted to be independent. Monty compressed and accelerated his first transition which resulted in negative outcomes due to a lack of planning and preparation. As shown in chapter 4, planning and preparation are important factors in successfully achieving adulthood. For instance, Alexia who was not planning her transition did not know what she wanted to do, where she would like to live or what steps she needed to take to achieve something in life. She was confused and uncertain about her future which was adding to her anxiety and lack of confidence.

Alana's account also shows how feeling low and unmotivated led her to being unemployed:

*'It's really difficult to get out of bed with a bad phase... I was supposed to start at 9 and I turned up at 3 in the afternoon, an' that wis just me tryin' to get out the house, that wis me up fae like 6 in the morning, I was sacked. Without a job, so I got worse and it became more difficult to go over it.'*

As a consequence of her inability to motivate herself, Alana lost her job and the necessary income to fund her independence. However, feelings of being low, loneliness and lack in confidence were not the only feelings identified which negatively impacted on young people's transition. The following subsection explores the fear of being stigmatised.

## Stigma

Key informants reported that some young people do not engage with the support offered because they fear being stigmatised. This can be evident in those suffering from poor mental health. According to key informants, this specific group of care leavers are stigmatised because of their care and health background. As a consequence of this 'label', they might be seen as problematic young people and undesirable friends, employees and tenants. According to key informants and the young people interviewed, these are labels which only negatively affect their transition. Thus, some young people preferred to hide information about their mental health problems when they embrace new life opportunities such as a job, tenancy, new friendships, and involvement with important services, among others. This can have serious implications as young people might not receive the right support or the necessary understanding from others who could help them achieve their goals. For example, Laurie said that she did not provide information about her mental health condition in her last job because she felt '*embarrassed*'. She was struggling to cope with the routine of her job and, as a consequence, she was dismissed. Karen also hid her mental health condition because she '*was too scared in case of affecting ma job.*'

The fear of stigma associated with poor mental health also impacted on young people's engagement with services. This was demonstrated by Adele who did not engage with the support offered because she feared to be called '*crazy*':

*'I was suicidal most of the time. They came out to see me and I used to think: that folk thought I was off my heid, and I used to think: no I don't need help I'm totally fine, I'm not crazy, I dinne want to be called crazy, who wants to be crazy, I dinnae want to go to the hospital 'cos I was crazy...'*

Stigmatisation, therefore, does not motivate these young people, already stigmatised by their care background, to engage with mental health support or other forms of assistance. This lack of engagement, as the following section shows, can have a negative impact on the transition process of care leavers.

## **Lack of engagement with professionals**

Ewan reported that in his worst moments he *'jist cudnae be bothered wi' anybody, ah jist wanted tae be by mase'*. During these periods Ewan did not engage with anyone, including those who were trying to support him in achieving successful independence. For example, when he tried to live independently for the first time, Ewan believed that he was prepared to assume adult responsibilities and refused the support offered to him. When depression *'kicked in'*, he realized that he was not able to cope with living on his own. He isolated himself from everybody he knew. He felt low and lacking in confidence to face his problems and re-start a new transition. As a consequence, Ewan lost his tenancy and his depression worsened. When Ewan acknowledged that he needed support to move on, he started engaging with services and achieving goals. At the time of the interview, he was trying to be independent for the second time and was being more successful. In relation to this Ewan stated that:

*'See, now ah get all the support, they come here and say 'you could dae this and that', this is good 'cos I know what I need to do...'*

Therefore, lack of engagement might lead to poor outcomes as young people might be unable to manage their transition successfully without additional support. For example, the seven young people who went through the most difficult experiences, such as serious alcohol and drug problems, homelessness and anti-social behaviour, had declined almost all the support offered to them prior to their move. The development of anti-social behaviour, such as aggression, led some of these young people to be involved with the Criminal Justice System. The following sub-section is dedicated to these findings.

## **Anti-social behaviour**

Young people's accounts showed that depression might also lead to anti-social-behaviour such as aggressive behaviour. Calum recalled that:

*'It's jist this horrible feeling, ye jist hav' a bad attitude aw the time, angry and that, it's horrible.'*

These feelings were also shared by Karen who reported that when she experienced her worst moments, she often treated people badly. This aggressive behaviour led Karen, as well as other young people, to be involved with the Criminal Justice System. In more extreme cases, some young people were unable to control their impulses and ended up in prison. For example, after his child's death, Alexander's depression was worsened. He became extremely fragile and got into fights when under the influence of alcohol and drugs. In one of these fights, he stabbed a person and was arrested.

Young people's involvement with the Criminal Justice System can have a very negative impact on care leavers' transition. According to Haney (2011), individuals might develop habits of thinking and acting that can be dysfunctional and suffer the long-term consequences from being subjected to incarceration. For example, an inmate can continue living by his prison life norms in the community when released.

Other emotional and psychological consequences of imprisonment are: emotional over-control, alienation, psychological distance, social withdrawal, isolation, diminished sense of self-worth and personal value and post-traumatic stress (Haney, 2011). For young people who are already emotionally and psychologically fragile, prison can aggravate their already poor mental health. Evidence in this study also revealed that the young people who experienced a period of their life in prison developed feelings of guilt and difficulties in dealing with being placed away from their loved ones such as their children and partners. This led some of them to attempt suicide such as Alexander who attempted against his life while on his cell with shoe laces.

Once released from prison, young people found that their criminal record impacted negatively on their work opportunities. This lack of opportunities contributed in turn to anxiety and uncertainty in relation to the future. Without a job, young people were more likely to live on benefits and below the poverty line. In addition, some young people also reported being judged and discriminated against by employers, relatives and others as a consequence of their criminal history and anti-social behaviour. As a result, they were seen as undesirable friends, tenants, employers and individuals. This stigmatisation left some of the young participants without support networks, experiencing reintegration problems and unmotivated to re-start their transition.

## 8.9 CONCLUSION

This chapter has explored young people's experiences of depression. It revealed that depression is a consequence of a complex and cumulative process triggered by a problematic childhood and exacerbated by negative leaving care events. Evidence in this study also indicates that living with depression at the time of leaving care goes far beyond experiencing periods of melancholy. It is an arduous experience that is often accompanied with specific symptoms which may aggravate their already poor mental health. Within this complex context, self-harm and substance abuse emerged as coping strategies that were difficult to stop because they offered release from emotional pain.

Therefore, for personalities already fragile as a consequence of a difficult past, depression was seen as an added challenge during a demanding time and, consequently, a contributing factor to difficult and unsuccessful transitions. For example, depression led some of the young people interviewed in this study to experience a pathological level of anxiety in relation to their present and future. This anxiety contributed to increasing levels of sadness by introducing additional suffering which often led young people to experience suicidal ideation. In this context, lowliness, loneliness and lack of confidence were feelings commonly experienced simultaneously as a consequence of depression. These feelings could either aggravate the anxiety and suicidal ideation or make young people postpone their transition. This procrastination can lead to a loss of life opportunities or the access to appropriate services.

Depression was also seen to negatively impact on young people's transition through the experience of anger which led to some care leavers to be volatile or adopt anti-social behaviour. As a result, some young people ended up in prison. While in prison, some youngsters tried to commit suicide. Once released from prison, young people found it difficult to organise their lives due to their criminal record. Within this negative context characterised by suffering, some young people isolated themselves and lacked motivation to move on. Consequently, they were unable to re-plan their transition.

While some care leavers might develop resilience mechanisms to deal with depression and the negative impact of poor mental health, others find it particularly difficult to deal with

the challenges of such combined conditions (being in care and mentally ill). According to modern psychology, resilience is the cognitive ability to negotiate risks and challenges successfully. In line with this, individuals will only know if they are resilient when they encounter an adverse situation and are able to negotiate it successfully. Additionally, individuals will also know if they are resilient if they continue to cope well under the pressure of the situation encountered (Gilligan, 2009). Thus, individuals who suffer from depression and manage its symptoms more or less successfully are considered resilient. Those who have been managing their depression for a long period and have added difficulties, such as an early disruptive background and suicidal ideation, are even more resilient. Based on this, this study argues that care leavers who have managed their symptomatology relatively well, have survived family disruption and abuse, and have dealt with an unfamiliar care system and professionals all have high levels of resilience. Nevertheless, their resilience is often hidden behind negative perceptions, low expectations and behavioural problems. Proof of the existence of this resilience was the strategies adopted by the young people to deal with their symptoms of depression. Some of these strategies were as simple as painting, writing, talking and walking which provided them with an escape from their suicidal ideation. These protective factors are of significant importance as they demonstrate that change is possible through small actions and steps, even when the young person experiences difficult transitions (Gilligan, 2009). The following chapters contribute to this understanding by exploring the specific factors which impacted on young people's experience of education, employment and housing.



## **CHAPTER 9**

### **YOUNG PEOPLE’S EXPERIENCES OF EDUCATION AND EMPLOYMENT**

#### **9.1 INTRODUCTION**

This chapter presents the education and employment experiences of care leavers who suffer from depression. According to the National Care Advisory Services (2009), education and employment are important elements to consider when supporting care leavers moving into independence. These two areas contribute to a sense of achievement, self-esteem, confidence and, therefore, good mental health when positive outcomes are accomplished. This is in line with the key informants’ statements. These professionals referred to these areas as important dimensions as through them young people are able to attain personal achievement and financial sustainability throughout adulthood and avoid financial difficulties and poverty. Additionally, according to Gilligan (2009), these are two dimensions which can lead young people to a more resilient pathway. In line with this author, education and employment contribute to young people taking part in different roles and identities which contribute to the experience of opportunities to protect their mental health and free them from ‘the isolated ghetto of the care system’ (Gilligan, 2009, p 18). However, care leavers are often associated with poor educational and unemployment outcomes which may contribute to unsuccessful transitions (Biehal et al. 1995, Dixon and Stein 2005; Dixon and Wade, 2006). This study contributes to a better understanding of the educational and employment experiences of care leavers who suffer from depression. Section 9.2 will discuss these young people’s educational pathways and section 9.3 will appraise their employment experiences.

#### **9.2 – THE EXPERIENCE OF EDUCATION**

Education is an important resilience factor as it offers care leavers different opportunities for personal growth and their future (e.g. positive impact on decision-making concerning work and relationships). Additionally, a positive educational pathway may also contribute to a return to education later in life with all the benefits of second educational opportunities (Gilligan, 2009). Thus, education underpins the academic experience. It is also a resource which constitutes a source of social and personal experiences (Gilligan, 2009). However,

care leavers are often associated with poor educational experiences and outcomes (Dixon and Stein, 2005; Stein 2012). Poor educational outcomes among care leavers might be explained by the difficulties experienced during childhood (e.g. family disruption and trauma). However, the care system might also contribute to these outcomes through the disruption of schooling when changing care placements or failing to provide appropriate support (Scottish Government, 2010b). In addition, care leavers often lack informal or family networks which can provide either educational support or help motivate them to move on further with their education. Young people's wish to be independent may also lead some of them to accelerate and compress their transition and move to independence at the age of 16 (Biehal et al., 1995; Dixon and Stein, 2005). In this context, education might not be considered as a priority. As a consequence of such a cluster of complex issues and experiences, it is not surprising that care leavers' educational outcomes are poor.

At the time of the interview, 4 out of 27 young people were attending college and 5 were on other sorts of courses related to developing independent and vocational skills such as cooking. The average number of college or training enrolments was 2 to 3 courses per person. The commonest courses among females were childcare and beauty. Building construction, joinery, plumbing, mono-blocking and painting and decorating were the commonaly selected courses by males. Three young people were attending music, photography and outdoor pursuits training at college. The following subsections will explore the factors which had an impact on the educational pathways of the young people involved in this study. These factors are depression, early attachments, aspirations and motivation, the experience of simultaneous events at the time of leaving care, relationships at college, and formal and informal support.

## **Depression**

Poor educational outcomes can be defined as poor achievement and educational performance, truancy, exclusion, a lack of interest in education and leaving school at an early age (Biehal, et al., 1995; Broad, 1998; Dixon and Stein, 2005). Although such outcomes are caused by different factors, this study found that young people's poor mental health plays an important role in their overall educational experience. As seen in chapter 8, and supported by Hysenbegasi et al. (2005), depression has a significant impact on an

individual's ability to perform in everyday life, including in education. According to the Mental Health Organisation (2014) and based on developmental theories (see chapter 3), good mental health allows young people to develop cognitively and to emotionally adapt to circumstances. This in turn influences young people's ability and capacity to learn. As a consequence of their poor mental health and cognitive problems, the young people involved in this study had greater difficulties in learning and overcoming specific issues. For example, Laurie, Louise and Marianne stated that:

**Laurie:** *'Ah've never liked school. Ah've never done well and 'hings like that or hav good marks and 'hings like that. Ah 'hink it wis tae much and ah jist cudnae dae it. There is always so many 'hings happening: my ma, I wis bullied, and I used to cry a lot on ma own. It wis then when I started self-harmin'.*

**Louise:** *'Ah just felt so depressed all the time. Ah cudnae do it. It was too hard and the teacher was like 'come on, you need to do it', and after everybody would look at ye and ye cud see what they're 'hinking 'dam'.*

**Marianne:** *'What's the point tae goe school when no one understands ye. So I kicked off'.*

These accounts show that depression impacts on motivation to attend school, on educational performance, on the way young people deal with problems at school and on their perspective of education. Young people also felt that there was a lack of understanding about their feelings and circumstances. As a consequence, they did not feel motivated to attend school and had difficulties in adapting to the circumstances surrounding their education. Some young people, such as Marianne, could not find a positive reason to remain in education. She felt that her peers and teachers were not able to understand her depression. As a consequence, Marianne did not develop a connection with school. This lack of connection resulted in Marianne achieving poor qualifications.

In our current society, low qualifications might impact on later career opportunities as it limits young people to work in low-skilled and low-paid jobs (Broad, 1998; Mendes, 2009). The low priority given to education might also hinder the experience of educational

achievement which could increase self-esteem, confidence and, therefore, resilience and psychological functionality. These feelings are all fundamental elements of good mental health (Dixon and Stein, 2005, Akister, et al., 2010 Mental Health Organisation 2014).

Thus, the evidence shows that poor mental health is both cause and consequence of poor school attainment. On one hand, poor mental health causes problems at school which contributes to a negative perception of education. On the other hand, the school experience itself is likely to aggravate young people's fragile mental wellbeing. However, many other factors also contributed to the poor educational outcomes of the young people interviewed in this research. The next subsection will explore the impact of early attachments on young people's educational pathways.

### **Early attachments**

Attachment Theory helps us understand that if a child experiences secure attachment, then he or she is more likely to experience a positive developmental growth and achieve cognitive milestones. Sroufe et al. (2005) found that securely attached children were more capable of achieving these milestones throughout their life course. These achievements include educational performance. According to Ashley (2001), educational success is related to lower levels of anxiety that secure attachments promote. Thus, those children who experience poor attachments, particularly those who are exposed to severe forms of trauma which might have a great impact on their mental wellbeing and resilience, are more likely to achieve poor educational outcomes. Based on Life Course Theory, these negative early outcomes will impact on later stages of adulthood as the opportunities for prospective careers will be limited.

Thus, poor attachments are indicators of fragile mental health (Ashley, 2001) and limited future educational attainment (WHO, 2014). However, not all young people who experience poor early attachments had a negative conception and experience of education. Melanie, who had experienced domestic violence within her family, was attending college successfully. However, she was placed with a foster family with whom she developed secure attachments and who looked after her until she moved into her independent tenancy. Therefore, it seems that the stability of a secure care placement impacted positively on Melanie's educational pathways. The positive influence of foster families on care leavers'

pathways to independence is not new. Biehal et al. (1995), Broad (1980), and Dixon and Stein (2005) all found that young people who have positive experiences with foster families and experience a sense of security in the foster environment are more likely to achieve better outcomes in several dimensions of their lives, including education. Nevertheless, poor early attachments were not the only factor to impact on young people's educational experiences. Care leavers' aspirations and motivations also shaped the educational experiences at the time of their transition.

### **Young people's motivation and aspirations**

According to Burchardt (2005), young people's aspirations are critical in achieving good educational and occupational outcomes later in life. Drawing on a range of studies, Burchardt (2005) establishes that the individual's personality (Haller and Miller, 1971), class (Furlong, 1992), prior achievement in education (Raby and Walford, 1981), peers and parents' and teachers' expectations (Schoon, 2001) are elements which can positively or negatively impact on a young person's aspirations. The identification of these elements raises concerns relating to care leavers' educational aspirations. For example, care leavers who suffer from depression often experience personality problems as a consequence of a disruptive background. In terms of class, children and young people in care are also disadvantaged as some individuals might not have the opportunity to settle at school for a long period as a consequence of multiple foster placements (Dixon and Stein, 2005; Dixon, 2006). This lack of stability and continuity might contribute to a negative school experience through a fragmented personality as the opportunity to connect and identify with a place and relate to peers is denied. In relation to peers and friendships, care leavers' peers are often of a similar background which limits contact with others who have different outlooks. Finally, teachers might have low expectations of these young people's capacity to achieve positive educational outcomes (Maxwell, et al., 2006). This evidence shows that the school environment might play an important role on young people's low expectations and motivation to attend school. In the context of those care leavers who suffer from depression, this lack of motivation and aspiration appeared to be aggravated by a lack of incentive and ambition associated with depression as seen in chapter 8.

This study also found that some of the young people interviewed were motivated to attend education based on financial reasons. They saw the courses promoted by colleges or agencies as an opportunity for additional income through bursaries or financial support. As a result of this material motivation, it is unsurprising that some of the young people withdrew from their courses when their bursaries were stopped because of their poor attendance. This was the case for Adele:

**Adele:** *‘Because they have been trying to tell me that I’ve not been going and I’ve been there all the time and they’re not willing to pay my bursary. They already know my situation, but they’re just making things worse so... college don’t support you at all.’*

This financial motivation might be rooted in the practical conception of independence found in chapter 7. The desire to experience a greater degree of freedom requires a financial backing. In this context, any source of income is beneficial, including college bursaries. For some young people this might be their only income for months.

Despite all the negative factors that have been identified, some young people are resilient and develop more positive experiences throughout their transition. For example, Karen perceived her college enrolment as a means of escaping from the B&B where she was housed alongside drug addicts. She described the B&B as an unsafe place where she was exposed constantly to different risks:

**Karen:** *‘Ah chose to go to the college ‘cause ah was staying in a homeless unit in (name of the place) and the college was next door, so ah chose to go just to get me out of the place as well.’*

Some young people were motivated to do well independently of their past and present negative experiences. Laurie was motivated to do well at college based on her aspiration to support other young people with a similar background. She stated that:

*‘Hopefully ah can get qualifications tae dae this [outdoors work] so ah can work wit’ young people like masel in care homes and take them away up tae mountains.’*

Other young people, such as Monty and Adele, were driven by the possibility of finding a better job to fund their independence:

**Monty:** *'Once ye've got it [education] helps ye look for a job and stuff....'*

**Adele:** *'It would help me get my own place, be independent, have more responsibilities and get my own maturity. So it would help a lot.'*

In summary, young people's educational aspirations and motivation can be rooted in the difficulties experienced during their early years and consequent cognitive limitations, and in their inability to perceive education as a contributing factor for a successful future. Without a view of education based on a future career, some young people had difficulties in recognising the benefits of education. As a consequence, they did not invest in their performance at college and easily withdrew from educational training. Despite adversities in life, some young people demonstrated that they were resilient and able to develop higher aspirations. Family, better financial circumstances and jobs were some of the factors which increased their educational aspirations. Nonetheless, higher aspirations might not be enough to overcome the daily challenges that these young people face, such as stigma, mental health issues or the experience of simultaneous problems. The next section will explore the impact of simultaneous challenges on care leavers' educational pathways.

### **The experience of simultaneous events at the time of leaving care**

According to Focal Theory, individuals are considered capable of managing developmental tasks and performing socially expected roles because they experience patterns of issues, attitudes and concerns which are often developmentally appropriate (Coleman and Hendry, 1990; Hendry et al., 1996). Care leavers do not often have the opportunity to experience circumstances appropriate to their age and their poor attachments and traumatic experiences leave many of them suffering from poor mental health. Due to this, care leavers are more likely to deal with simultaneous changes and tasks which are not developmentally appropriate. For example, looking for a home, dealing with emotional problems and attending college may be difficult as Alexander shows:

*'Ah had ma ain problems and ma girlfriend had our baby. It wis tae much, and college wasnae a hin' that ah really want tae go fer. Ye know, ah needed tae 'hink aboot where ah'm gonna stay today, what ah'm gonna say tae [name of the girlfriend] and 'hings like that.*

This inability to deal with simultaneous problems may also be aggravated by care leavers' poor resilience, cognitive difficulties and their psychological and emotional functionality which is often underdeveloped and characterised by immaturity, insecurity, or inability to tackle the problems experienced (Stein, 2004). These unconstructive experiences can be reinforced by the influence of peers. The next subsection will discuss the influence of peers on care leavers' educational pathways.

### **Peer relationships at college**

Karen, who started attending her course to avoid the B&B where she was living, felt respected by her peers and comfortable in the place where she studied and during her work placement. These factors contributed to a more positive educational experience which led Karen to achieve positive outcomes. When she finished her course she had the opportunity to find a job through it. Karen's experience reveals the influence of positive relationships at college on achieving positive outcomes.

**Karen:** *'Ah chose to go to the college 'cause ah was staying in a homeless unit in (name of the place) and the college was next door, so ah chose to go just to get me out of the place as well. But I liked and people were very nice, they supported me a lot, it wis good, ye know, people respected me, it wis a nice feeling.'*

Melanie also reported a similar experience:

**Melanie:** *'I prefer being at college and having something to do. That builds up my confidence, having work to do and then see the final results...you get treated like an adult. Although the work is harder it's a lot better and the people around, like people in the class, are mature and they are there to work not because they have to.'*



However, negative experiences with peers were also outlined. For example, Agatha withdrew from college because of the bullying that she suffered:

*'It was too much of a risk for me to go. People wanted tae kick ma face up there and I've had three kickings in the last four weeks [at college], so ah really can't make it up there onae mair, cause ah've awready goat cracked ribs.'*

When young people experience difficulties with their peers or other type of problems, informal and formal support might play an important role in helping these young people to overcome their issues and achieve positive outcomes. The next subsections will explore the impact of informal and formal support.

### **Informal support**

According to Sylvia et al. (2007 in Mental Health Organisation, 2014), there is a strong relationship between informal support, cognitive development and social skills which continue to influence outcomes throughout education. As explained in chapters 4 and 7, family and friends can play an important role in care leavers' transitions. Positive relationships with family and friends were found to be particularly important in providing instrumental, psychological and emotional support for some of the young people in this study. This psychological and emotional support (e.g. helping people to deal with their emotional problems) is very important for care leavers who suffer from depression. Social networks provide a sort of intimate mutual support which can reduce stress levels and help young people to recover from depressive moods. The lack of social networks can also contribute to the risk of depression and the development of suicidal ideation and intention stemming from a lack of support and hinder educational performance.

The young people who were involved in this study seemed not to have a great deal of support from their informal networks in relation to their educational pathways. This evidence is not surprising when one considers the number of young people who were interviewed without family (8 young people out of 27) or with some family but without

their relatives' support or with very little assistance (14 out of 27 young people). Monty exemplifies this situation:

**Monty:** (...) *because they've not been there, you now, ah'm not used to them being around me, so they're just like strangers to me and they always will be. It's a bit harsh, but that's how I feel, I don't ask them for support.*

The lack of support from relatives might also be explained by different priorities in the family. For example, education might not be a priority when families struggle with debt, poverty and housing issues. This might explain why some of the young people had some emotional support from their relatives, but not educational assistance such as encouragement to perform well or attend further or higher education, help with subjects or financial support to pay for transport to go to the college. The influence of family's attitude on young people's educational pathways has already been identified by Jackson et al. (2003). These authors have shown that parents' attitudes toward education can influence care leavers' educational choices. Driscoll (2013) also demonstrated that, although some families may care about the education of their looked after children, they do not support their sons and daughters in relation to future educational decisions. This lack of support was mainly due to a lack of interest or understanding, inability to engage as a consequence of mental health issues or because the family was a source of stress and harm (Driscoll, 2013).

Although it is not known what sort of educational outcomes these young people would achieve if they had the support of their family, research in the field, such as Hoover-Dempsey and Sander (1995), suggests that supportive families can have a positive impact on school performance. As a consequence of a lack of informal support in relation to education, young people rely a great deal on formal support to meet their educational goals. Melanie exemplifies this finding:

*'Once the [formal] support stops I want to be able to cope on my own, my family can't really support me, so I really need to be able to cope on my own.'*

The next sub-section will explore the impact of formal support supplied by service providers.

## **Formal support**

Policy, legislation and key informants all concur in emphasising that service providers play an important role by supplying financial assistance for studying and transport as well as support with applications and special education. However, this study revealed that some young people's educational pathways were affected negatively by limitations imposed on this sort of support. For example, five young people were restricted to nearby colleges due to a lack of funding to support them in moving to a college-area where they could enrol in a course of their choice. As a consequence, some of these young people gave up on their courses as they were not motivated by existing local options. However, lack of funding was not the only factor that impacted negatively on the choices made by the young people.

Chapter 7 highlighted that the relationship between the young person and professionals is a key element within formal support. This statement is also valid in the context of education. For example, Adrian enjoyed college, but claimed that his tutors and other workers did not understand his physical health and legal problems. After missing a few classes because he needed to attend court sessions, Adrian was dismissed from college. Adele withdrew from her course because her tutors did not support her when she missed classes as a consequence of domestic abuse. Moreover, the college stopped paying her bursary due to her poor attendance. Adele felt that her tutors and the college did not understand her circumstances.

In addition, some young people felt '*kinda forced*' to attend courses by their workers such as Mark. As a result, Mark enrolled in a course that he knew little about. According to him it was:

*'(...) a training course for certain things, a kind of outreach thing'.*

Although Mark was still enrolled on his course at the time of the interview, other young people who had registered on a course which was not their choice or a course about which they knew little about ended up withdrawing from it. Not knowing exactly what a course or training is about might generate a lack of motivation or leave young people confused about what they want to study and what career to choose. As seen in chapter 8, the impact of this confusion could be extremely negative as it might increase anxiety and uncertainty in

relation to the future. As a result, the young person might fail to attend or quit college. In addition, these unfavourable experiences might be interpreted as new failures and, for fragile personalities with difficult pasts and uncertain futures, such difficulties might aggravate negative feelings. Conversely, young people who were attending college courses of their choice were more likely to have a positive experience and attain educational achievement. Thus, enrolling young people on courses which meet their expectations is more likely to contribute to successful educational outcomes.

Additionally, according to evidence in chapter 6, courses and support schemes are not always effective as they do not offer a job to the young people at the end of training programs. Courses that do not have practical outcomes might impact negatively on the educational pathways of care leavers as young people might feel that training and education schemes are not beneficial. As a consequence, young people are more likely to give up on their courses and look for any sort of work. For example, Hugh claimed that the courses that he had enrolled on were '*a waste of time*' as they contributed nothing to his transition. Hugh found that education was not advantageous compared to any sort of job that would provide him with some financial stability. As a result, he decided to apply for work rather than investing in his education and did not attain any qualifications. Similarly, Lee attended several courses in prison which he did not find useful.

The data also illustrated that there is a lack of courses that are adequate to care leavers' circumstances. This was also highlighted by the key informants in chapter 6. Educational schemes often seek to address youth unemployment in general and are not focused on vulnerable groups such as care leavers. These courses frequently involve restrictive rules such as full attendance, punctuality and engagement with the support that is offered. These requirements may be too demanding for some care leavers who, due to their mental fragilities, experience difficulties in complying with such rules. For example, Chloe had difficulties in dealing with the routine of attending college, particularly with regards to the timetable. Owing to this, Chloe withdrew from her course. Similarly, Alana missed three days of her training scheme due to depression and was dismissed from college. In addition, Alana found that the other students who were enrolled on her training scheme were mainly drug users. She found it difficult to understand why she had been placed in such an

environment as she had never experienced any problems with drugs and was still recovering from her alcohol addiction.

Although targeted educational schemes and courses tailored to care leavers' needs enable these young people to experience adequate opportunities, such schemes might also deny them the possibility of relating to others from different, more positive and out of care backgrounds. In addition, these courses might also contribute to these young people stigmatisation. The challenge remains to provide educational opportunities that do not stigmatise and are able to offer good educational prospects without constantly reminding care leavers of their cognitive difficulties and mental health problems.

Young people's educational achievement has a significant impact on their employment pathways. However, other elements that may affect young people's employment choices and opportunities also emerged from the data collected. The following subsection will present these elements.

### **9.3 – THE EMPLOYMENT EXPERIENCE**

As seen in chapter 7, the transition to independent living has become a challenging period in recent decades. If in the past individuals aimed to have a job and family during early adulthood, nowadays young people remain in education and face the difficulties of a competitive job market (Meadows, 2001 cited in Buchardt, 2005). According to Buchardt (2005), employment prospects are more currently influenced by educational qualifications. Thus, those who leave school with low or no qualifications might find it difficult to face a competitive job market. Therefore, they might become marginalised. In this context, young people who suffer from mental health problems and are more likely to achieve poor educational outcomes are also more likely to work in low paid and low skilled jobs. As a consequence, they will struggle to secure their independence (based on Hirst 1987; Hendey and Pascall, 2001 cited in Buchardt, 2005). Additionally, work placements may also lead young people to experience a series of negative circumstances, such as the risk of exploitation, excessive hours, low pay, harassment, bullying and health and safety hazards. All these factors can have a negative impact on the young person's motivation to search for and maintain a job successfully (Gilligan, 2009).

These findings raise concerns relating to the employment prospects of care leavers who suffer from mental health problems. As seen in chapter 2, care leavers are more likely to achieve poor employment outcomes as a result of a multitude of factors. These negative outcomes are mainly unemployment, the inability to secure and maintain a job, and employment in short, temporary and low-paid jobs (Cheung and Heath, 1994; Biehal, et al., 1995; Barnardos, 2001; Stein, 2004; Dixon and Stein, 2005). As a result, many young people rely on benefits and live in poverty (Broad, 1998; Mendes, 2009).

Care leavers' poor employment outcomes were evident in the sample of this study as 25 young people out of 27 were experiencing difficulties in finding a job. Some of them were only looking for work while others were attending college and looking for a job in order to have an additional financial source. In total, 17 young people had one or more work experiences, 2 had only experience of voluntary work and 8 had never worked. The jobs that the young women worked in during their transition, or were applying for, were mainly in supermarkets, pubs, cafés, retail establishments, restaurants, cleaning, hairdressing, kitchens, nurseries and factories. The males worked or were more interested in applying for building construction such as mono-blocking, plumbing, painting and decorating, carpentry and retail. Some of the jobs were related to the young people's qualifications, while other care leavers were trying to apply for any sort of job. The only young person who was employed was working in a pub. The next sub-sections will explore the factors which impact on young people's employment experiences.

### **Young people's depression**

When young people suffer from mental health problems, being unemployed may contribute to a further deterioration of their already fragile mental wellbeing (Gallie, et al., 1995). According to Gallie et al. (1995), unemployment contributes to psychological distress, low self-esteem, tension, conflicts within families, isolation and the sensation of powerlessness and resignation. These feelings and experiences were identified in some of the young people's accounts, as the following statement shows:

**Monty:** *'Ah wud sae it [depression] got worse when ah left [the job]. When ah wis working, ah wis more motivated, do ye know wha' a mean, ah hud somehin' to do durin' the day an' ah enjoyed ma job.'*

Matthew reinforces the idea that dealing with depression might be a very challenging task and one which can easily disrupt the employment ambitions of these young people:

**Matthew:** *'Ah've got quite a lot of qualifications fer car mecanics and welding. A lot of college courses that ah did through the jail and ah finished school, but ah dannae know, ah cannae even see fer the mora or even today.'*

Due to the simultaneous experience of depression and difficulties in finding work, Adrian and Marianne described being unemployed as:

**Adrian:** *'(...) bad, jist daein' the same stuff every day, it's boring, there is nothin' tae dae. Ye seat here a' day looking at people on the streets passin' by. Ah dannae 'hink this is life. This makes feel even worse.'*

**Marianne:** *'It's just bad. I canne have ma flat and ah live on the dole. It's no easy, it's no fun, it's shitty money. Ah want to do somethin', but with this [depression] ah cannae even get oot and look fer a joab.'*

Thus, being unemployed leads to an increase in depressive symptoms as a consequence of the inertia that is experienced and a lack of a reliable financial source. In some cases, young people might lose their purpose in life. For example, Monty explained that work gave meaning to his everyday life as he felt fulfilled and able to fund his independence. When he stopped working, his depression was aggravated and he became suicidal:

*'When ah wis working ah wis more motivated, ah hud somehin' to do durin' the day, ah cud have my life, pay fer ma 'hings, now ah'm nae workin, nae money, ah cannae go there and buy 'hings, ah dannae hav' a 'hing tae work fer, somethin' that ah really want tae dae, I cannae see a future, sometimes a jst wanna...ah feel ah jist dannae want tae be here anymair'.*

In contrast, there are marked improvements in young people's emotional and psychological well-being when they return to the labour market (Gallie, et al., 1995). For young people who might have lost direction and hope as a result of depression, having a job might be a

way to find a place in the world and give meaning to their transition. In addition, a job keeps young people occupied, distracting them from suicidal ideation as Alexander stated:

*‘Ah stopped hinkin’ ‘ah’m useless’. Ah cud pay fir ma hings’, be someone ye know. Now, ah dannae hav that, ah started ‘hinkin’ again ‘oh ah’m useless, ah cannae buy this, a cannae doe that, what’s the point to be here when ye cannae dae the hing’ ye like.’*

Additionally, while mentally healthy individuals are more likely to have the necessary resilience and psychological functionality to search for and maintain a job (Mental Health Organisation, 2014), care leavers suffering from depression struggle to face their problems. These difficulties might also contribute to joblessness as they do not feel mentally stable and secure enough to cope with the demands and responsibilities of working. Laurie’s experience is an example of these negative circumstances. Laurie recollected:

*‘Ah jist cudnae cope ye ken, ah dannae know why, ah jist felt it wis too much and ah lost my joab, ye ken.’*

The next subsection complements the information introduced here by exploring the specific circumstances which impacted on young people’s employment pathways when leaving care.

### **Young people’s aspirations and ambitions**

Evidence in this study has shown that for some young people their employment aspirations are exclusively associated with having a financial source of income. This finding is not surprising because, as seen in chapter 7, for a large number of the participants being independent was perceived mainly as possessing a tenancy and being in a job. To fulfil this material meaning, any sort of work that provides funds was considered suitable. Marta explained that:

*‘It can be any kind of joab, I need to pay ma ‘hings, that’s what I need to do, doesn’t matter if its is in the pub or in the supermarket, anythin’ that guimes money is good’*



The material meaning of work is understandable as many of the young people had gone through difficult upbringings. As chapter 7 brought to light, disruptive backgrounds and negative family relationships might lead these young people to develop a way of managing life based on short-term survival where physical needs are prioritised. In this context, any job that provides money is suitable and higher qualifications are not considered. As a consequence, young people tend not to place importance on education and having a career. Due to this, they would not invest in a job for the future, but in a job for the present. When difficulties arise, this rationale might lead young people to give up easily on the job as there is no enjoyment or purpose in what they are doing. As Mathew stated:

*‘Ah started havin’ ma money and it felt great, bit it got very boring, I thought ‘Ah cannae be bored with this joab’, ‘ah can find another joab’, bit ah haven’t found anythin’ yet’*

Although the majority of young people viewed having a job as a financial source, other conceptualisations emerged from the data analysis. Some care leavers reported that having a job would give them the opportunity to prove to others that they were able to pursue and achieve something in life despite their backgrounds. Adele added that having a job was a way of not relying on benefits and having a ‘normal life’:

*‘I want a job because it’s fun and you can earn your money and not just live off benefits. It’s not fun to live on benefits, I want to be normal, have a normal life, see like these people who leave their home to start working at 9.’*

Alexander would like to find a job because:

*‘(...) ah got kids and ah want ma kids looking up tae me and instead of people saying ‘oh yir faither’s a junkie.’*

Victor’s motivation to have a job was associated with his need to prove to those who have doubted his ability to do well in life that he can achieve positive outcomes:

**Victor:** *'Ah'd rather work in a workin' environment with full paid money because then that's gonna gimme maer of a challenge to show people well, just ah'm confident or like just ah' ve not came frae some place you have dusnae mean I can't do this joab.'*

Victor's conceptualisation of having a job is motive for concern. How far this meaning of working is positive or negative is not known. Although this motivation might help Victor find a job, it might lead him to apply for any sort job which fulfils his wishes rather than his real needs such as a job which he can maintain, pay for his independence and provide him with a career.

### **Specific difficulties experienced while employed**

Evidence in this study revealed that some care leavers experienced very difficult employment pathways which led them to lose the motivation to work. As a consequence, they quit or were dismissed from their posts. Some of the difficulties experienced by the young people involved in this study have been mentioned in the literature review (see section 4.3). For example, Burgess (1981) (who based his work on Ashton and Field, 1976) suggested that coping as a subordinate employee and the problem of monotony are, in general, difficulties experienced by care leavers. The key informants also reported that young people might find maintaining a job difficult because of the routine, boredom and a lack of social skills. In this study, these specific difficulties were exemplified by Marianne and Monty. Both young people, who worked in fast food restaurants, stated that:

**Marianne :** *'It was bad and the people were just arseholes, an' everybody never spoke to you, and it was like pure silent treatment, feeling like a spare prick in a brothel'.*

**Monty :** *'Ah wis arguin' wi' him [manager] in the office... it wis ma first job, so.'*

In relation to difficulties in dealing with routine and boredom, Laurie, who worked in a supermarket as a cashier reported that:

**Laurie:** *'Ah was goin tae sleep at night and ah swear tae God a' cud hear it, it wus 'bip, bip, bip', it wus like this. Ah canae dae it, ah canae dae it', three weeks workin' there and ah wus like 'ohhhhhh, shove your joab, I don't want it. It wus, it wus the boredom, ah couldnae handle just sitting there like 'bip'.*

Dixon and Wade (2006) suggested that these young people may drop out of training and work placements due to financial and/or emotional difficulties and a lack of motivation and encouragement during their placements. Anne, who worked as a hairdresser assistant, exemplifies this:

**Anne:** *'My rent's four hundred pounds a month, so by the time I paid my rent and paid my bills, I was left with buttons basically, I put myself in debt, so I went on benefits again'*

Evidence in this study also showed that difficulties in coping with a work routine may be exacerbated by the consumption of alcohol and drugs. The simultaneous experience of being unemployed, and having poor mental health, developmental problems, poor attachments and problems with alcohol and drugs can aggravate depression and interfere with young people's attempts to be successful employees. In relation to this, Laurie stated that:

*'When ah first came here [name of the place where she lives] ah used tae get drunk and go tae work wit' a hangover. Ah just decided tae jack it in. It wis too much, ah wasn't ok, too depressed and drinkin' dinae really help eh.'*

In Karen's case, alcohol impeded the development of her working skills, her routine and her will to do well as she was constantly under the influence. In Marta's case, the chaotic lifestyle led her to ignore the importance of studying or having a job. For two years Marta lived on JSA and was involved with drugs and prostitution. By the time of the interview Marta was trying to find her first job, although according to her, it was difficult because of the financial recession and her lack of experience. Furthermore, young people attending rehabilitation programmes involving methadone reported that, apart from the lack of motivation caused by the methadone, having to be at the pharmacy at specific times restricted their availability to work.

The inability to deal with several things at the same time also emerged as a factor that impacted negatively on the work experiences of the participants who were interviewed. For example, when Monty's sister asked him to leave the house, it made it hard for him to concentrate on maintaining his job. As a consequence, he ended up homeless and jobless. Monty's difficulties are not surprising. As noted in chapter 3 and according to Focal Theory, the occurrence of simultaneous problems might lead to an increase in stress and difficulties in coping with life issues.

Alexander reported that he had been discriminated against because he had disclosed his problems:

*'As soon as ah told them [about his drug addiction], they sack me, so'*

Being dismissed for disclosing their personal circumstances might lead young people to feel betrayed for being honest. This experience can be extremely negative as young people in care often have attachment problems which led them not to trust others. It is not surprising, therefore, to find that young people prefer to hide information about their health and care background due to embarrassment and fear. For example, Laurie said that she did not provide information about her mental health in her last job because she felt *'embarrassed'*. Karen also mentioned that *'ah wis too scared in case of affecting ma job.'* However, not disclosing personal issues might have serious implications as young people may not receive the right support or the necessary understanding from others who could help them to achieve their goals. In this context, the sensitivity of employers is paramount as it could provide care leavers who suffer from depression with the right opportunities to change their lives and be successfully independent.

Ewan mentioned that he lacked confidence when approaching people for work. He explained that his lack of success was due to his lack of qualifications. He had been refused work so many times that he felt embarrassed:

*'They say 'ye danae hav' this and that, I just feel embarrassed. It feels like if ah'm not good, like ah'm a waste of their time.'*

However, a careful analysis of Ewan's aspirations showed that his difficulty in finding work was more likely to be due to a lack of understanding of the requirements that certain professions demand:

*'Ah wanted in construction, but everywhere wanted a driving licence. I wanted in security, but everybody wanted a security badge.'*

Some of the young people who have criminal records reported that their involvement with crime or anti-social behaviour contributed to their difficulties in finding a job. Anne's case highlights how employers' bias against young people with criminal records might result in a lack of prospects for finding work and, as a consequence, opportunities to successfully change their lifestyles. Anne felt that employers should give opportunities to people with criminal records as the record reflects their past experience and not their present circumstances:

*'People think: 'she's assaulted somebody, we can't have her here, if she gets angry, she's going to assault another member of staff'. People just don't give you the chance, it is yer past, I'm not that person anymore.'*

However, not all difficulties that were discussed were related to the young people themselves. For example, Calum outlined the lack of jobs and apprenticeships for young people. Nevertheless, for some participants such as Liana, the lack of effort in finding a job was evident:

*'Ah dae some job searching sometimes, just every two weeks.'*

Liana's appointments and job-seeking attempts at the Job Centre were more motivated by her right to JSA than as an effective search for employment. Although Liana did not have the right to apply for other benefits due to her circumstances, it seemed that providing her with JSA was contributing to her inertia. It is questionable how far she would actively look for a job if she lost the right to this benefit. However, this matter is beyond of the scope of this study. Liana's statement also shows that whatever support is in place, if young people

do not engage and do not understand the importance of having a job or a career, it is very difficult to achieve positive outcomes.

### **Informal support**

As explained in chapters 4, 8 and section 9.2, family and friends can play an important role in care leavers' transitions. However, as with educational pathways, informal support seemed not to have a substantial impact on the employment outcomes of the young people interviewed for this study. In some cases, family had a negative impact as Laurie states:

**Laurie:** *'Ah was just embarrassed, they use tae see ma mum comin in. When I first worked there they didinae ken that this person was ma mum, and they use tae see ma mum comin in pissed drunk and buyin' big bottles of cheap plonk.'*

Only 3 young people had support from their parents in finding a job. Adele found a job in the café where her mother worked. Carla worked with her uncle washing dishes. Lee was waiting for his father to find a job for him in the construction company where he works. Nevertheless, it seems that family involvement did not contribute to young people maintaining a job. Adele had a conflict with her manager and resigned:

**Adele:** *'A new Manager came along and I didn't like the way he was, so I just walked out.'*

Victor and Marianne were expecting to have the support of friends in order to find a job. However, it was unknown to them if this support would be effective:

**Victor:** *'Well, hopefully, one of my friends is workin' there and they says tae me that by the time my placement there is up there it'll be a [name of the supermarket] there so he says they'll need folk to work in there...'*

In this context of lack of informal support, as with educational pathways, young people rely a great deal on formal support in order to achieve positive employment outcomes. The next subsection will explore this subject.

## Formal support

To support care leavers in achieving positive employment outcomes, the Regulations and Guidance 2004 places a duty on local authorities as corporate parents to assist care leavers in searching for, attaining and maintaining employment (Scottish Executive, 2004a). Similar to education, these strategies should be specified in the pathways plan (Scottish Executive, 2004a). According to Allen (2003), professional support is crucial for care leavers. It enables young people to overcome difficulties arising from their background in order to enter, remain and engage in employment. Young people can benefit from formal support in finding a prospective career, career options, developing plans and assessing opportunities (Allen, 2003).

A large number of young people were satisfied with the formal support that they received. There were a few exceptions, such as Anne, which will be discussed below. The support provided within this dimension was mainly financial, which might explain why young people were satisfied with the assistance provided. For young people who have a material meaning of independence, any sort of financial support gains high significance. The funding provided mainly helped the interviewees to pay for transport, go to job interviews, buy clothes and to get into work experience or placement schemes. Support was also aimed at developing job-seeking skills such as how to write a CV, perform in job interviews or where to search for jobs. The following statements exemplify the support offered:

***Laurie:** 'The [name of the agency] wus hangin about, they've got like a place doon at [name of the place] and ye go there and you get like mock interviews and 'hings like that... they took me doon intae the office and they started daein' mock interviews, built a CV and 'what kind of work dae you want tae dae' and 'hings like that, so that wis good.'*

***Ewan:** 'If ah need tae go to interviews or if I need to go and get interviews clothes or anything,... ma key worker, he'll jist, he'll support wi that and if ah need anythin' they'll find out places. If ah need tae talk tae somebody how ah'm feeling about that, ah'll jist gae and ah'll talk to one o' ma workers, they'll help me wi 'it.'*

The support given by careers advisors and workers from residential units was particularly welcomed by all young people. Only Anne reported that she did not feel well assisted. According to Anne, her Throughcare and Aftercare worker did not provide her with enough funds for a monthly bus-pass and, due to this, she had to withdraw from her job and re-apply for JSA (currently known Income Support Allowance). She also found that job centres were inflexible and that they do not help young people effectively. The latter opinion was also shared by other participants:

**Anne:** *‘They promised me that they would help me with bus fares, equipment and my uniform, and. they never gave me anything towards it, so I had to also quit again. They put you out there and they leave you out there, in the lurch, and they expect you to do it all yourself and then if you miss an appointment with the job centre they’ll automatically shut down your claim, and it could be for anything, like, they’ve shut down my claim a few times for being in hospital, and being ill. If I’m in hospital, I can’t exactly bring my bed [to the job centre]’*

Anne’s statement shows the importance of financial support when the young person lives in poverty and the consequences of the lack of appropriate support. Although, in some cases support was offered, it failed because the young person had difficulties in engaging with workers. Some young people became aware of this with time as Laurie shows in her statement:

**Laurie:** *‘Ah didinae really want it, ah didnae ‘hink ah didinae need that help, but don’t get me wrong, they’ve helped me, really helped me. Ma worker is great, but ah dinae see that when we started. After a year or so, a did really well and ah’m grateful that [name of the worker] is with me.’*

Once again, Laurie’s statement shows the importance of young people’s relationships with professionals. A positive and continuing professional bond is more likely to lead the young person to develop a rapport based on trust and, therefore, engage with the support provided (as seen in chapter 7). This positive relational experience can lead young people to a more active job-search or to invest in developing related skills. This evidence is also supported by Allen (2003), who stated that professionals can contribute to positive changes in the



lives of these young people. This importance was evident in other young people's circumstances. For example, in Ewan's case the lack of a close support network, particularly from his foster parents who stopped supporting him when he moved into an independent tenancy, made him feel deeply depressed. Later on, he abandoned the house and the job that he was offered as he could not cope with the isolation and lack of support.

## **9.4 – CONCLUSION**

Research in the field has shown that young people who are leaving care are strongly associated with poor educational outcomes which restrict their career opportunities (Biehal, et al., 1995; Broad, 1998; Dixon and Stein, 2005). These poor outcomes are a motive for concern as the attainment of positive educational and employment results contribute to a sense of achievement, self-esteem, confidence, positive mental health and, therefore, to a successful transition and independent living.

This study found a series of factors which have influenced the educational performance and achievement of the young people involved in this study. Evidence shows that depression, as a consequence of poor attachments, exposure to trauma and disruptive relationships, has a significant impact on an individual's ability to perform in everyday life, including on their levels of motivation to attend and achieve at an educational level. As a consequence, young people experience difficulties in overcoming educational challenges which might contribute to a negative conception of education.

Nevertheless, depression was not the only factor having an impact on young people's educational pathways. The material meaning associated with independence also had an effect on these young people's educational journeys. This means that some young people only attend college in order to have access to an additional source of income through educational financial support. When this support stops, young people might withdraw from college. Other factors which impacted on young people's educational pathways included the experience of insecure early attachments and other problems experienced simultaneously. The former emerged due to a negative sense of trust which affects the relationship between young people and tutors/teachers, whereas the latter mainly aggravated young people's poor mental health.

Similar to education, research in the leaving care field has shown that young people who are leaving care are strongly associated with poor employment outcomes which restrict their career opportunities (Biehal, et al., 1995; Broad, 1998; Dixon and Stein, 2005). This study added to this research a series of factors which might contribute to an effective explanation of why those care leavers who suffer from depression are more likely to achieve poor outcomes. Young people suffering from depression are more likely to have their cognitive, emotional and psychological functionality impaired. As a consequence, they may find it difficult to deal with the work environment such as dealing with being in a subordinate role and boredom. Some of the young people found that their difficulties increased as a consequence of alcohol and drug misuse and criminal involvement.

The material meaning of having a job also emerged as having a negative impact on care leavers' employment pathways. Due to this, care leavers often do not invest in a job for the future, but in a job for the present. Nevertheless, this material meaning is understandable when a large number of young people seem not to consider their mental health a priority and live in a survival mode. However, if poor mental health affects these young people's employment pathways, their difficult working experiences and poor employment outcomes also contribute to a deterioration of their already fragile mental health. This deterioration was mainly caused by a sense of inertia that was experienced while unemployed and a lack of a reliable financial source. This inertia and lack of financial sustainability led some of the young people to experience suicidal ideation.

Informal support appeared to have very little influence in both educational and employment pathways. This evidence is not surprising when one considers the number of young people who were interviewed and who had a disruptive family background, negative peer relationships or no family relations whatsoever. Due to this lack of informal support, a large number of young people relied on formal networks to be independently successful through financial support, transport, special education, etc. However, negative experiences with service providers, such as a lack of funding and educational restrictions, led some of the care leavers involved in this study to disengage with services and jeopardize their educational and employment pathways.

This research also provided evidence that education, training and employment are resilience factors which can lead young people to a more resilient pathway. Although chapter 9

highlighted a number of negative circumstances and situations which impact on care leavers' education, it also showed that some young people continue to be determined to attend training and achieve successful educational outcomes. This chapter also demonstrated that some young people had a very positive educational experience which contributed to a turning point in their transition to independence. Factors which contributed to this positive change were: successful application for a course of their choice, positive relationships at college, supportive mentors and foster placements and an overall positive educational experience which allow them to achieve a sense of fulfilment. In relation to employment, a great number of young people were satisfied with the support provided at this level. This satisfaction is considered a resilience factor as young people are more likely to engage with the professionals if they experience positive feelings in relation to the assistance provided to them. If young people experience a positive engagement and accept the support provided, they are then more likely to be successful within this dimension. In this context, the greatest challenge for young people and professionals is to find a way to cope once they are working. Nevertheless, positive meanings associated with having a job, such as a way to prove to others that they can do and be someone, make their children proud of their achievements and a strong will to be off benefits are all protective factors which can be maximized to support young people to cope with the demands of the job market.

## **CHAPTER 10**

### **YOUNG PEOPLE'S EXPERIENCE OF HOUSING**

#### **10.1 INTRODUCTION**

This chapter presents the housing experiences of care leavers who suffer from depression. According to the key informants, young people and literature in the field (e.g. Dixon and Stein, 2005), housing is an important element when moving into independent living. Having a house provides an individual with a dwelling to rest, safety and a space to experience intimacy with others (e.g. family and friends) (Evans et al., 2003). Thus, housing is a contributing factor towards a positive mental health.

Due to the care leavers' vulnerability and the importance of housing in the context of leaving care, local authorities have a duty and responsibility to take into account specific housing and accommodation strategies when planning care leavers' transitions (Scottish Executive, 2004a). For a large number of young people in care, the onset of this journey begins at the age of 16 while they are being fostered or living in residential units. At this stage, Throughcare or key workers start planning young people's pathways plans, which includes their housing needs.

Nevertheless, housing pathways are non-linear and involve a multitude of complex factors, challenges and difficulties. These negative experiences can be either caused by care leavers' fragile human agency or by external factors. Some of these external factors are the consequence of an early and unplanned transition, placement breakdowns, involuntary moves due to the scarcity of resources or the high cost of foster placements, or a lack of support networks and opportunities to return home (Biehal, et al., 1995; Dixon and Stein, 2006; Stein, 2012). Furthermore, due to precarious jobs and low incomes, care leavers may struggle to pay for their accommodation expenses and may experience eviction as a consequence of debt (Broad, 1998; Dixon and Stein 2005; Dixon and Wade, 2006). However, poor accommodation might also be a consequence of a lack of adequate housing resources (National Leaving Care Advisory Service, 2006).

According to Johnson et al. (2006), people with mental health problems are at a greater risk of experiencing housing issues. As a consequence, care leavers who suffer from poor

mental health are at a higher risk of difficult housing pathways as they might find it difficult to secure and maintain their independence as a consequence of their poor mental health. Although policy and legislation has been put in place over the last few decades to support care leavers, young people leaving care are still identified as a vulnerable group in the context of housing transitions (Heath, 2008). It seems, therefore, that more research needs to be done in this field to better understand why young people leaving care still undergo difficult pathways when policy, legislation and strategies have been developed and implemented. This research contributes to this understanding by analysing the housing experiences of the 27 care leavers who suffer from depression.

This study brought to light that these young people's housing pathways tend to occur in three stages. Each stage is associated with specific feelings, barriers, challenges and events which mark the individual experience of each young person and dictates the sort of outcomes to be achieved. However, these stages are not static as the following sections will show. Section 10.2 will analyse the first stage of young people's pathways. Section 10.3 will discuss stage two. Section 10.4 will present stage three. Section 10.5 will consider the impact of depression, formal and informal support on housing pathways.

It is worth remembering that at the time of the interview 12 young people out of 27 were living in supported accommodation (residential units with independent tenancies incorporated and where young people were offered on-going support by on-shift workers)<sup>1</sup>, 5 were in independent supported tenancies in the community, 3 were living with their parents and 2 were living with partners. Three young people were placed in B&B accommodation for homeless people, 1 was letting a tenancy from the private sector with the support of professionals and 1 was homeless living in a tent.

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<sup>1</sup>The high number of young people who were living in support units is explained by the easy access to interviewees through support agencies. Rather than being a limitation, this allowed the collection of rich information about the experience of transition in the context of residential care.

## 10.2 FIRST STAGE

This stage is characterised by an initial wish to leave the care system and a belief of being prepared to live independently. At this stage young people believe that they are skilled enough to cope with adult responsibilities, including managing a tenancy. Some of them might even point out that life has taught them independent skills through less positive experiences such as being rejected by parental figures or looking after alcoholic relatives. For example, at the age of 16 Laurie moved from a residential unit to an independent flat. She believed that she was prepared for independence based on the experience of looking after her alcoholic mother. In addition, Laurie also wished to have control over her life and not be ruled by workers or a system which she was ashamed to be related to. Laurie's experience shows the importance of individualistic indicators such as feeling mature, independent and responsible when leaving care (Arnett, 2010). This shows that beliefs and perceptions play an important role at the first stage, while reasoning and planning are diminished. The importance given to beliefs and perceptions are cause of concern as they might be shaped by unconstructive and depressive emotions, feelings and poor resilience. Due to this, these young people's beliefs may give them a false perception of reality which may lead them to experiencing difficulties and, consequently, deeper mental health problems as will be shown in stage two.

At this stage care leavers are also asked to choose from several housing options which depend on what councils and external organisations in the field have to offer. In this study, a large number of young people moved first into residential supported accommodation. This sort of accommodation aims to provide young people with a protected space where they can learn skills for independence by experiencing a self-regulated environment. For some young people residential supported units were their first option, while for others this was a second choice while they were waiting for a council tenancy in the community.

Young people who were living in, or had lived in, residential supported accommodation at the time of their transition were, in general, satisfied with their experience. The contributing factors to this positive experience are summarised in Table 10.2:

**Table 10.1 Factors which contribute to positive experiences in supported units**

<b>Factors which contributed to positive experiences</b>	<b>Quotations</b>
<b>Experience of structure and organisation</b>	<b>Mark:</b> <i>'(...)my life is kinda of structure... everything is organised'</i>
<b>Good relationships with other young people and staff</b>	<b>Laurie:</b> <i>'Ah made hundreds of palls... it was just havin' a laugh, at least made me feel better... the staff wus lovely... they were like friends...'</i>
<b>Feeling settled in relation to the unit and enjoying its location</b>	<b>Monty:</b> <i>'It's quite settled here, it's a nice location too.'</i>
<b>Having staff around</b>	<b>Alexia:</b> <i>'Ah love it, see the fact that you have got staff right through, and even through the night, yea, it's good'</i>
<b>Freedom to go away for short periods</b>	<b>Adrian:</b> <i>'In here, ye can phone the staff and say 'ah'm gonny be back in a couple of days and they're ok wi that here.'</i>
<b>Feeling supported</b>	<b>Adele:</b> <i>'It gives you good help, you've got everything like support. It's a really good experience.'</i>

The above table shows how workers can play an important role in young people's life, both during their transition and while they are placed in residential supported accommodation. As seen previously, the relationship between care leavers and workers is paramount to their success as independent adults. The importance of workers in this sort of accommodation is also suggested by Smart (2008). According to this author, residential staff can contribute to positive mental wellbeing and recovery when their intervention is embedded in therapeutic interventions. Through positive relationship modelling, young people may also develop a more positive emotional balance which can play an important role in future relationships. In order to develop such a positive intervention, residential workers need to have knowledge of developmental theories and attachment theories in order to understand how a disruptive background impacts upon the mental health and behaviour of these young people (Minnis and Del Priore, 2001)

However, as Table 10.2 shows, young people also identified factors which contributed to less positive experiences or led to specific conflicts in the residential context:

**Table 10.2 Factors which contribute to less positive experiences in supported units**

<b>Factors contributing to less positive experiences</b>	<b>Quotations</b>
<b>Lack of control</b>	<b>Laurie:</b> ‘ <i>[name of the unit] never really hud control. Ah used tae go oot and we wud stand like really drunk... ah mixed wit’ the wrong crowd, I’ve got in fights, bit wus not really ma fault, wus their fault, they were a’crazy’.</i>
<b>Feeling unsupported</b>	<b>Laurie:</b> ‘ <i>.When I was in [name of the unit] I was mair: ‘ah feel sad, I’m gonna get drunk.’</i>
<b>The neighbourhood</b>	<b>Melanie:</b> ‘ <i>wasn’t great, a lot of the neighbours were quite horrible.’</i>
<b>Boredom</b>	<b>Monty:</b> ‘ <i>It was like sitting bored everyday saying “I’ve not got money, ah’ve not got this, ah can’t do nuhthin.’</i>
<b>Frequent occurrence of fights</b>	<b>Marianne:</b> ‘ <i>It’s a bit nuts at times’. Ye get fights wi’ the polis an’ everybodyes.’</i>
<b>Lack of freedom</b>	<b>Marianne:</b> ‘ <i>As much as it’s great they moan at ye fur like drinkin’. Ah’m no’ allowed tae goan tae the pub too much.’</i>
<b>Feeling unsafe due to other residents</b>	<b>Karen:</b> ‘ <i>Terrible, ah don’t mean tuards staff, ah mean the residents, at night it’s just a pure... it’s just mental... ah ‘hink it should be more calmness, see upstairs there is no any cameras, if someone kicks off then somebody hurts somebodies, that’s why ah’ve moved down stairs because a didnae feel safe up there.’</i>

The lack of control mentioned by Laurie raises concerns as supported units should be safe environments, though young people with behavioural problems may contribute to a lack of safety themselves. They might try to bring alcohol in or not consider the rules, returning back drunk after a night out and get involved into conflicts as mentioned by some participants.

The second most popular option to reside when leaving care was to live with support in an independent tenancy in the community. All the young people who were interviewed and who had applied for social housing had support from their key or Throughcare and Aftercare workers during their application process. Nevertheless, the level of satisfaction with this process and its outcomes varied across the young people’s experiences. For example, Melanie reported that she was well supported by her social worker during her



application process. In contrast, Karen found that the process was difficult due to information which she found to be confusing and varied across different council departments:

**Karen:** *'It wis just confusin, it's people telling you a 'hing, people telling another 'hing, cos departments of the council are different. Ye never know what's goin' tae happen.'*

Young people also pointed out that the waiting time to be allocated to a social tenancy (between 6 to 12 months) as a problem. Some young people reported that they experienced increased levels of anxiety as their housing circumstances were precarious (e.g. living in an unsuitable B&B). However, specific circumstances experienced by the young people themselves also contributed to the length of time that they waited. Karen explained that her lack of engagement due to alcohol consumption led her to wait more than 6 months for a tenancy.

Another negative point highlighted by the young people was the geographical area where social housing is often available. Although individuals are asked to choose five locations during their application, participants mentioned that they were unlikely to be housed in the chosen areas. Instead, a large number of young people are placed in deprived neighbourhoods and problematic housing schemes. Anne stated that this lack of choice is:

**Anne:** *'(...) hard at times, because you can't pick and choose where you want to go. You could get put in the worse area... and you can't appeal against that. You've just got to take what you're given basically, and some of the areas in [area] are quite... like, downgraded and quite bad. If the area's bad you're known as, like, a bad person, like, along with the area, so it is quite hard at times, yeah.'*

Agatha and Alana's stories show how social housing in unsuitable or dangerous neighbourhoods contributes to less effective transitions. According to Alana and Anne:

**Alana:** *'The guy downstairs wis like up shouting aw night. All the flats are homeless and the guy downstairs, he'd people staying wi' him an' were all takin' drugs, arguin' until 5/6 in the morning.'*

**Anne:** *'There's been a few people been stabbed, there's been a lot of guns found, there's a lot of drugs, there's not a community centre, a park, so the children do tend to get involved in drugs a lot more. The only things that are in my town is pubs, so, if you go out, you drin.'*

The consequences of being placed in problematic areas were also demonstrated by Agatha:

**Agatha:** *'Ah can't get council house yet, not until 2011. Q: Why? 'Well, ah wasnae really stayin' in ma house when ah hud it because ah abandoned... Folks were smashing boattles aff ma hoose and flinging stanes aff ma windows and every'n, and ah wis like that: ah'm not stayin' here, so ah jist walked out.'*

The above quotations bring to light the risks that these young people are exposed to when placed in such areas. These risks can range from their personal safety to an increase in substance abuse (if they already had a misuse problem). For example, although Alana was recovering from an alcohol problem, she was placed close to another tenant who was a drug and alcohol user. At the time of the interview, Alana was thinking about abandoning the tenancy as she was not feeling safe. She was feeling a great level of anxiety because she did not have another place to stay, but she did not want to remain in such an unsafe environment. In this context, feelings such as insecurity, worry and mixed feelings of *'I want to leave, but I don't have anywhere where to go'* can lead to a deterioration in the mental health of care leavers. This is in line with the research developed by Wells and Evans (2003), which highlighted the impact of insecure housing on individuals' mental health. Thus, poor and deprived areas do not contribute to positive housing experiences and positive mental health and, therefore, to the development of care leavers' resilience and their psychological, emotional and cognitive functionality. On the contrary, it only contributes to these young people's unsuccessful transitions which will be translated into future welfare and financial cost to the care system.

The young people who were on methadone programmes also outlined their difficulties with the place where they had been housed. For example, Chloe was struggling to take her daily dosage of methadone when she was placed far away from the pharmacy:

*'It's ridiculous... we got tae come in every single day for the methadone and we've no got the funds tae pay £6-odd a day to come in and back oot.'*

Due to the difficulties in affording bus fares, Chloe moved out of her tenancy. She then moved in with her mother who was a drug dealer. Chloe's case shows the importance of considering individual needs and support networks when planning care leavers' housing pathways. Living with her mother had a negative impact on Chloe as her mother and her brother were misusing and selling drugs. Chloe relapsed and started taking heroin again. At the time of the interview, Chloe was putting off her transition as she needed to deal with her addiction first. However, councils might struggle to consider geographical requirements when supporting young people leaving care as a consequence of a lack of suitable social housing as seen in chapters 2 and 4.

In summary, those young people who have moved to their own tenancies might initially feel a great sense of happiness as they believe to have achieved their independence with the allocation of a property. Nevertheless, when months go by, the scenario which characterised the first stage might change dramatically as the following sub-section will show.

### **10.3 SECOND STAGE**

The second stage is characterised by a series of negative experiences and factors which care leavers find difficult to control and overcome. As a consequence, the mental health of the young people might deteriorate a great deal and, in more extreme circumstances, could lead to suicide. For example, Laurie's case demonstrates how the inability to manage independent living as a consequence of unrealistic expectations, immaturity and lack of responsibility can impact negatively on young people's housing experience. Laurie left her foster placement at the age of 16 and moved into an independent flat with a friend. She did not accept in-care support, but engaged with her Throughcare and Aftercare worker on a sporadic basis. Both friends made the most of their youth without thinking about their responsibilities. Laurie said that:

*'It wus guid like, a'we done wus tae get drunk, and cairry on and go and see boys... we done supermarket in a way, we went tae the shoaps and bought electricity, bit we never hud gas, we never huv heatin' in the hoose, we never bother, it was just like "get a duvet and wrap it roond ye if yer're cold"... we got electricity and that, and food and the rest of it just went on like drink and weed...'*

The use of the term ‘good’ showed that Laurie was living a life without rules and was not reflecting on the consequences of her actions. Although the first months were experienced as Laurie expected (*freedom and fun*), at the time of the interview Laurie acknowledged that her chaotic lifestyle, lack of responsibility and immaturity led to the downfall of her first attempt to live independently. She recognised that she was not prepared to leave care. Her immaturity was also evident in her answer to the question ‘*why did you not ask for help at that time?*’ Laurie answered: ‘*I’m tae proud*’. Thus, pride is a feeling that can be an obstacle for young people to accept that they are not prepared and, in the context of Laurie, it prevented her from engaging with services. At the time of the interview, Laurie had just moved into her mother’s home and was going through a very difficult time. Laurie was on prescribed medication for depression and was very suicidal. She had neither a plan nor goals established for her future. The loss of her tenancy led to a deterioration in Laurie’s motivation to move on with her life. She had lost her tenancy, her independence and was living with her mother who had been considered unable to look after her when she was younger. Laurie acknowledged that living with her mother was only a temporary measure as this relative had alcohol problems and, when under the influence of alcohol, she was verbally abusive. Laurie was suffering a great deal as a consequence of living with her mother; however, she did not have where to go until social work was able to find alternative accommodation for her. This overall situation was creating a great level of anxiety and emotional suffering to Laurie.

Environmental factors and difficulties with flatmates were also identified as cause of difficulties at stage two. For example, Louise, who moved into an independent supported tenancy at the age of 16, reported that her unsuccessful experience was due mainly to environmental circumstances. The premises where she was living were not good and she experienced problems with her flatmates:

*‘There was a lot of problems with electrical things going wrong... things just blowing up really, and my flatmate...it went a bit wrong, his girlfriend just moved in without consulting me about it and me and her we didn’t get on. A lot of things got stolen, he never paid any bills, I was fed up of doing everything for them, so I went just going back to my gran.’*

Louise reported that she was deeply depressed by the time she moved into her tenancy and she believes that this impaired her ability to cope with her problems and independence successfully. Louise's case also demonstrates the impact of poor housing conditions and relationships, particularly when the young person suffers from depression. By applying the principles of Focal Theory (Colman, 1999), external factors may contribute to less effective transitions as they are added problems to those which the young person is already experiencing. In the context of Louise's case, she focused her attention on solving her housing problems before addressing her mental health issues. As a consequence of her poor resilience and a lack of investment in her mental well-being, she became severely mentally ill. Louise's experience reiterates the risk of over-emphasising the material meaning of independence and the need to look at the psychological functionality of care leavers when planning their independence

Isolation was also pointed out by several young people as a factor which contributed to their unsuccessful housing pathways. As seen in chapter 8, isolation can be both a consequence and cause of depression. Isolation can be highly detrimental for young people's mental health, especially during adolescence when social interactions are paramount to the development of individuals as shown by Attachment Theory. For example, Ewan did not cope with the isolation that he felt shortly after having moved into an independent tenancy. He stated that:

*'At the beginning it was good, like nobody to annoy me or anything but then it got boring and I jis couldnae stand it anymore. Ah wis expecting it wud be gid like and ah wud jist be able tae doe ma ain thin', and then efter a few months I just didnae want it... ah just felt masel aw the time, naebody tae talk to and ah just got fed up and packed up and left.'*

Similarly, Victor stated that he found:

*'(...) it difficult because I dinnae like being on my own, I dinnae like it all, I don't know why it is, I think it's boring. Sitting in the hoose on my ain, puttin' the telly on and it's like: well, ah'm on my own'.*

As a consequence of the isolation that was experienced, some young people started to wish that they had never moved into their tenancy and abandoned it. Others started relating to individuals who were not good influences and who contributed to unsuccessful housing pathways. In some cases, problematic relationships seemed to be an attempt to replace the happiness that was supposed to be experienced when living independently. Due to the negative impact of these relationships and young people's difficulties in developing and managing attachments, some care leavers might end up being evicted as a consequence of disturbances, involved in crimes led by others, dependant on alcohol or drugs or engaged in prostitution as it happened to Marta.

As a consequence of getting involved with people who might represent a risk, some care leavers may develop personal relationships that might lead to domestic violence. This experience can lead the young person to experience a great deal of emotional and psychological suffering, but could also cause the loss of their tenancy. For example, Melissa reported that she experienced domestic violence shortly after she moved in with her partner who, under the influence of alcohol, slashed her leg when she was pregnant. The police became involved and they were separated. As a consequence of this incident, Melissa could not return to her house because her ex-partner represented a risk.

Clayton and Chloe experienced difficulties with alcohol and drugs which led to the loss of their tenancies. Clayton became involved with crime and had people constantly around his tenancy creating problems. As a consequence, his neighbours complained about him. An investigation took place and he was evicted. Chloe, who had the opportunity to move into a tenancy supported by a Throughcare and Aftercare Team, got involved in a fight while under the influence of alcohol. She was arrested and also lost her tenancy. She then moved into her mother's home where her brother, who was a drug addict, was also living. At the time of the interview, Chloe was trying to move into an independent tenancy as she was aware that living with her mother and brother was creating a number of problems which were causing anxiety. Chloe could not have her daughter back from care because of the unsuitable environment where she was living. As a consequence of such negative experiences, young people went through a downward spiral of events which culminate in very negative outcomes. The following subsection will explore stage three. This is a stage where some young people might experience the most difficult time, while others are able to turn their transition into a positive experience.

## 10.4 THIRD STAGE

The third stage might be characterised by the most difficult experiences and, as a consequence of such challenges, by young people's acknowledgement of their inability to cope with independent living and responsibilities. Some care leavers might feel that moving to independent living was the wrong decision. Others might abandon their tenancy. Some others might be evicted as a consequence of housing problems and become homeless. Due to the difficulties experienced, some young people might re-engage with the system and accept the support which was at first denied. Others might take time to re-engage with professionals even though they may have accepted that independence was a difficult task to deal with. Others might never change and start a path of self-destruction with obvious negative consequences on the rest of their life course such as homelessness or sleeping rough. According to Quilgars et al. (2008, p. 36), homelessness is a problem and it compounds a number of obstacles that might be difficult to overcome for care leavers:

'It often has a negative effect on their mental health and/or contributes to the onset of (or exacerbation of existing) substance misuse problems (particularly polysubstance use). There is also strong evidence that homelessness severely impedes young people's participation in employment, education or training'.

Although homelessness might have an impact on young people's mental health as suggested by Quilgars et al. (2008), evidence has shown that poor mental health can lead to homelessness. As shown in chapters 7 and 8, poor psychological functionality from years of abuse and trauma affects the development of positive attachments. As a consequence of poor attachments and lack of trust on others, young people may find difficult to trust professionals who provide crucial services.

Karen, Gabriel and Alexander were three out of six participants who considered themselves to have experienced homelessness because of the time that they spent on the streets and the fact that they did not have a place to stay. All three young people experience very difficult childhoods, rejection and poor attachments. All three young people went through very chaotic lifestyles which led them to experience homelessness. Gabriel was sleeping in a tent at the time of the interview and Alexander had also slept in a tent for a few months in the past. Karen slept on the streets for a couple of weeks because of her alcohol problems

which stopped her from engaging with the support that was offered to her. Her testimony also demonstrates the dangers of being a homeless woman with an alcohol problem:

*‘At the time ah wis so drunk, ah wisnae find aboot who can actually speak to you, ah thought what ah wanted to do wis just drinking and ah ended up staying like with people for a night here and there, jist people you don’t want to be staying if you know what ah mean ‘[it’s] no nice, no’ many people across, they jist expect you to be a drugy and alky.’*

Karen’s testimony about the negative impact of being a homeless and a vulnerable young woman is not surprising. Raws (2001) has suggested that homeless young people are highly vulnerable to sexual assault and abuse which might leave them even more traumatized. In turn, this additional trauma can aggravate their already poor mental health. Karen also highlighted the impact of stigma. She felt that the homeless stigma was an obstacle that prevented people from helping her to come off the streets and move on to independent adult living when she realised that she needed support and asked for assistance.

Alexander became homeless due to problems with drugs. He found the experience ‘*scary*’ and ‘*pure horrible*’, ‘*especially in the winter, [when] it wis cold*’. His depression worsened as a consequence of the uncertainty experience during this period. However, it seems that such negative feelings did not change his idea to engage with services. When he was asked why he did not request support, his answer was:

*‘(...) ‘cause ah wis too proud for askin’ it. Ah wis trying tae dae masel a bit. Ah said: ‘ah got masel in this mess, so ah need tae try tae get masel oot. They did try, they offered me support bit ah wis stupid.’*

Alexander reinforces the idea introduced in chapters 7 and 9 that some young people might have support in place but they decline it. As a consequence, Alexander ended up on the streets, failed his first attempt to become independent and became more depressive. However, due to his pride he did not ask for support and spent three months being homeless. After three months, Alexander acknowledged that his pride had affected his transition and he decided to engage with services. This is the second time that pride has been mentioned as an obstacle to a successful engagement with services. This suggests that



consideration should be given to an individual's sense of pride when supporting young people leaving care.

Gabriel became homeless as a consequence of his lack of engagement and anti-social behaviour. He had been diagnosed with depression years before and was prescribed with medication several times. As a looked after child, he perceived the care system as something negative and did not want to be ruled by people who were not his parents. Gabriel became so out of control (e.g. anti-social behaviour, episodes of absconding and aggression) that he was evicted from where he had been placed to help him prepare for independence. Due to these negative experiences, Gabriel perceived the system as something 'useless' and that '*they wouldn't do anythin' for ye*'. Consequently, he decided not to ask for support. Once on the streets, Gabriel started sleeping in a tent and begging. Although he reported that in his circumstances there were no opportunities to think about a house, job or stable life, when Gabriel was offered a job working in a restaurant after his interview, he withdrew from the job and disappeared.

At the time of the interview, Gabriel had been sleeping on the streets for three months. He reported this experience as being '*hard*', where it was only possible to live '*day to day*' and impossible to think about the future. His depression had also worsened since he became homeless as he felt uncertain about the future and had experienced hardship, stigma and discrimination for living on the streets. As a consequence of a life experience base on a survival mode, there was no space to think about transition or his mental wellbeing:

*'I wouldnae mind to go to the college, I'd quite like to be a chef or something, but obviously at the moment...homeless, you know, ah haven't got any facilities for like washing. Ah am washing in public toilets...'*

Homelessness was also experienced by Alexia, Alana and Anne who experienced sleeping rough for a few nights when they were forced to leave their accommodation. These young women gave three testimonies which not only described the experience itself but provided insights into the coping strategies that were adopted and the consequences of such circumstances:

**Alexia:** *'I would rather be dead, I would rather been in a jail cell than be back on the streets.'*

**Q:** *What were you thinking about by that time?*

**Alexia** *‘The fact that I let people into ma life, I thought ah could trust people and they just threw it back in ma face.’*

**Alana:** *‘(...) horrible, so I’d need to wake up every hour, go a 5 minute walk to get the temperature back up and then sleep again for an hour and then five minute walk. So that’s what I used to do, Ah wis living in fear.’*

**Anne:** *‘(...) hard; needing to say to people ‘I’m homeless, can I stay here for a couple of nights?’ and “I’ve no money, I can’t give you any money for letting me stay’. You feel quite bad and you’re alone...it’s really really difficult.’*

Thus, sleeping rough was perceived as scary, horrible, hard and embarrassing. It was a difficult occurrence which impacted on participants’ sense of trust in others. This lack of trust might have serious implications on the lives of these young people who have already attachment problems as a consequence of difficult childhoods (see chapter 4). As seen in chapter 7, trust is a contributing factor for successful transitions as it is the foundation of constructive relationships which can help young people to move on successfully to independent living and a positive mental health recovery. Without trust, young people are more likely to reject support and undergo less effective housing experiences.

In order to tackle homelessness some young people are placed in B&Bs and hostels. Although B&Bs and hostels are not considered to be suitable accommodation for care leavers (Quilgars et al., 2008), 18 out of 27 young people had been placed in this sort of accommodation at some point during their transition. 17 out of these 18 participants reported that they had a negative experience. Only Chloe found it positive because she knew the workers and the people who were living in the hostel. In contrast, Adrian reported that sharing facilities such as kitchen and toilets did not give him the privacy that he needed:

**Adrian:** *‘Ah didnae like it, ‘cos ah wis sharing the kitchen and the toilet, ah like tae hav ma ain space’*

Adele identified the coexistence of young people with drug dealers, drug users and alcoholics as problematic for those placed in B&Bs. The prevalence of alcohol and drugs in

B&Bs and hostels is especially concerning as substance misuse leads to the deterioration of fragile mental health. In relation to this matter, Adele reported that:

**Adele:** *'you get offered drugs as soon as you walk in the door. So it's not a good experience at all, it's a really scary experience. The fact that you're all by yourself and you've got nobody and you cannot tell nobody cos you're in there and you're ashamed of it'.*

Agatha added to this list of problems bullying and promiscuous behaviour:

**Agatha:** *'Well, in the hostel everyone used to pick on me 'cos I was deaf. Junkies an' that tried tae git in about me. A lot of things happened to me when I was in the hostel, and when I was in the hostel I was also sleepin' about.'*

The above statements show that sharing facilities, particularly a kitchen and a toilet, might be difficult for young people. Several participants claimed that the toilets were sometimes not properly cleaned and were foul-smelling. The abundance of drugs and alcohol contributed to young people feeling unsafe and, in some cases, it led young people to increase their intake of both substances. Bullying was also pointed out as something that was frequently experienced in B&Bs and hostels. If young people are targeted by bullies because of their vulnerability, this could also have a negative impact on their poor mental health. According to Forero et al. (1999) and Salmon and West (2000), repeated bullying can often lead to anxiety and depression, isolation, irritability, anti-social behaviour, poor psychological wellbeing and adjustment problems later in life, such as domestic violence.

In the context of Agatha's case, being bullied led her to self-destructive behaviours. As a consequence of being bullied, Agatha's self-esteem decreased while she was placed in a hostel. She started sleeping with different men in order to feel wanted and loved even though this put her health at risk. Self-destructive behaviours, such as those displayed by Agatha, have also been identified by Hammersley and Pearl (1996, cited in Mental Welfare Commission Report, 2001). According to these authors, these types of behaviour are a consequence of young people's lack of self-interest and of a lack of interest on their safety as a consequence of such low self-esteem. Wrate and Blair (1999 cited in Mental Welfare Commission Report, 2002) identified sexual activity among homeless young people as a behaviour which can possibly be linked to survival, depression, poor problem solving

abilities or spontaneity. This raises additional concerns. According to Rohde et al. (2001 cited in Mental Welfare Commission Report, 2002, p. 21):

‘Depression is frequent in homeless older adolescents and has a complex association with STD-related behaviours’.

Hostels were also criticized by participants because of their strict rules and inflexibility which made some young people feel imprisoned. However, such restrictions might be necessary due to the nature of some of the residents and their problems.

Lee highlighted that some hostels might represent a threat for young people, particularly when elements of different gangs were placed together. When Lee was about to be placed in the same hostel where other young people from a rival gang were placed, he experienced great levels of anxiety and fear:

**Lee:** *‘They were tryin’ to put me in [name of place] where ah cannae go there cos ah did my assault out there, ah’m gonna get throat... all the boys out there gonna see me and ah’m gonna get stabbed or something.’*

Some young people also reported that B&Bs and Hostels might contribute to an increased risk of suicide due to the insecurity experienced, a lack of support and the amount of substance abuse. This is in line with Grenier (1996) who states that suicide is a main cause of death among homeless people. Thus, in the specific context of care leavers who suffer from depression, Hostels or B&Bs should be avoided as alternative placements as they may contribute to increased suicidal ideation.

The outcome of the third stage depends on the pathway and personal characteristics of each young person. Nevertheless, as the following section will show, three factors emerged as playing an important role during these three stages and associated outcomes. Due to their importance, these factors will be analysed separately in section 10.5.

## **10.5 THE IMPACT OF POOR MENTAL HEALTH AND FORMAL AND INFORMAL SUPPORT**

In line with the housing stages identified in the previous section, difficult housing trajectories might be a consequence of inner and external factors to the young people.

Evidence in this study identified three main factors which had a significant influence on the three different stages identified in sub-section 10.2. These factors are young people's poor mental health and informal and formal support.

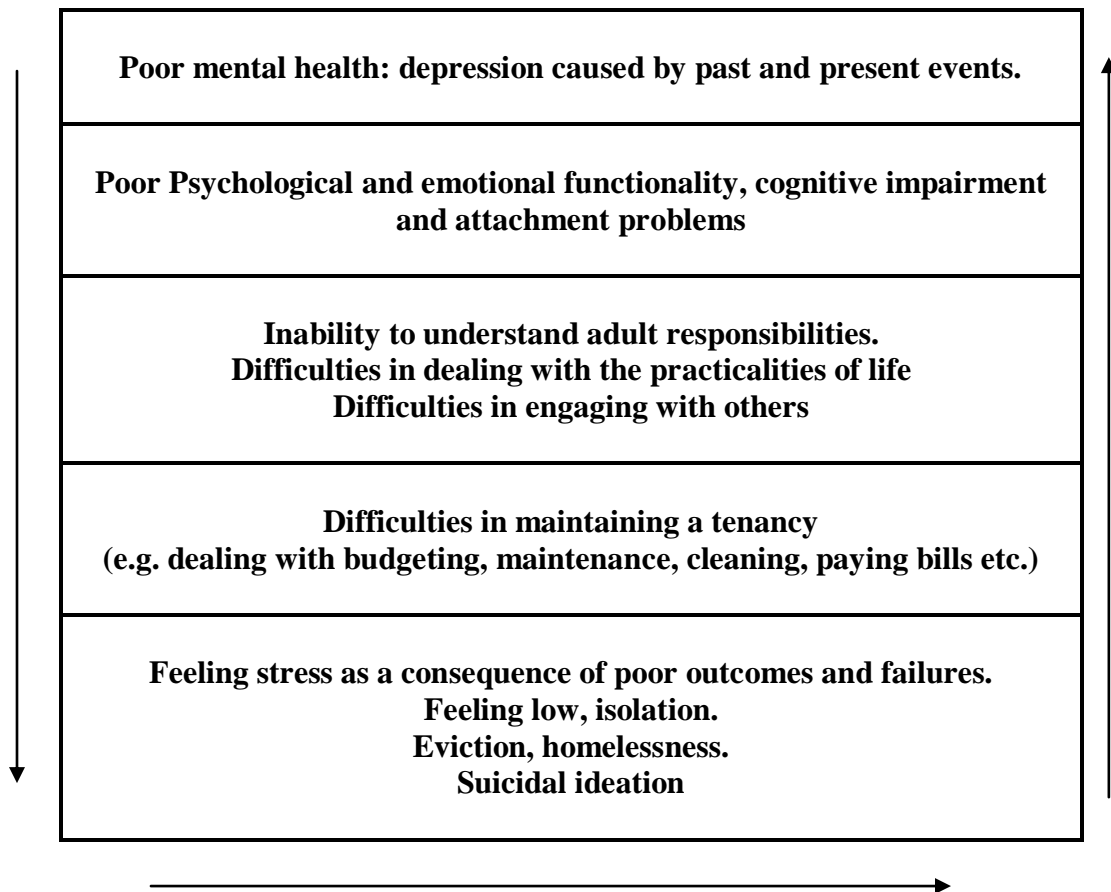
### **Young people's poor mental health**

As seen in chapter 8, and demonstrated by Hysenbegasi et al. (2005), depression has a significant impact on an individual's ability to perform in everyday life. In the context of housing, depression might affect a young person's relationship with their dwelling as they might find it difficult to feel happy or identify with the place where they live. Additionally, as a consequence of their poor mental health, young people might have greater difficulties in overcoming specific issues associated with housing such as paying bills or feeling prompted to clean and maintain their tenancy. These negative emotions might also contribute to feelings of isolation and sadness as Alana exemplifies:

**Alana:** *'Sometimes it's good but sometimes, it's like lonely... I don't know, it's like... I have my flat, but I'm no happy, it all this sadness all the time.'*

Just as depression can lead to housing difficulties, housing issues can also worsen young people's poor mental health. Figure 10.1 illustrates this circular experience.

**Table 10.3 Negative circle of events and feelings relating to some housing experiences**



Louise's quote illustrates in practice this circular experience where poor mental health impacts on care leavers' housing pathways and housing issues affect these young people's mental health:

*'There was a lot of problems [in relation to her house]. I couldn't really handle it really 'coz it was just horrible. I just didn't cope like on my own... like I used to get severely paranoid and depressed about things, I couldn't sleep, I was tired all the time, I just cudnae think, I was depressed before moving to there, but I got out much worse'.*

Louise's case demonstrates how depression contributed to her lack of ability to deal with the problems that she experienced when she had her first tenancy. It also shows how housing issues led to a deterioration of her already fragile mental health which, in turn, left her less able to deal with her problems. As a consequence of her lack of resilience and

inability to deal with so many issues (e.g. problems with flatmates, broken appliances and other household breakages), she abandoned her tenancy.

Ewan believed that his problems would end when a tenancy was allocated to him. However, shortly after he had moved, Ewan started feeling isolated which aggravated his depression. According to Ewan:

*‘I jis couldnae stand it anymair. Ah wis expecting it wud be gid like and ah wud jist be able tae doe ma ain thin’, and then efter a few months I just didnae want it, ah just felt masel aw the time, naebody tae talk to and ah just got fed up. Ah jist packed up and ah left.’*

Ewan abandoned his tenancy and became homeless. He then tried to commit suicide when he moved into supported accommodation. Anne also reported that not having a *place called home* was contributing to her never-ending circle of sadness. She also stated that living in homeless accommodation that cannot be personalised because of the temporary status does not help her feel better. Anne stated that:

**Anne:** *‘Well I’ve never really had a proper hoose, it’s all been homeless accommodation. I’ve never really had a proper haime, where I can say: “this is my haime”, and “come into my haime”. It’s always “oh this is my hoose, and it’s a homeless hoose”, and homeless flats, you know they’re homeless flats by the way they’re furnished and the way they’re decorated, and like, they’re basic, white walls wi’ a blue couch and a blue carpet, and it’s quite difficult at times. It doesn’t help you to feel better.’*

Due to their vulnerabilities, care leavers need extra support in order to undergo positive housing experiences. This idea is also supported by the Dixon (2006) which established that positive housing experiences are closely associated with a positive sense of wellbeing. In this context, formal and informal support might help to stop the above circle of negative events and feelings and lead to more positive overall mental health and, therefore, housing experiences. According to Heath (2008), both informal and formal networks help young

people to exercise control over their futures. The following sub-sections will explore these two areas.

### **Informal support**

Informal networks play an important role in supporting young people's housing needs. As explained in chapters 4 and 7, positive relationships with family and friends were found to be particularly important in providing instrumental, psychological and emotional support. Social networks provide a sort of intimate mutual support which can reduce stress levels and help young people to recover from depressive moods. A lack of family networks can contribute to the risk of depression and the development of suicidal ideation and intention stemming from a lack of assistance. The challenges of this demanding stage and the disadvantages that these young people face when leaving care suggest that many might struggle without strong informal networks (Wade and Dixon, 2006)

The young people who were involved in this study did not have a great amount of support from their families with regards to their housing experience. For some young people, family caused a great deal of suffering which aggravated their poor mental health and, consequently, their ability to deal with their housing transition and cope with associated difficulties. For example, Alana was living with her parents but became homeless after accusing her father of sexually assaulting her. Her mother did not believe her and asked Alana to leave her home. Some young people, such as Lee and Laurie, returned home after being in prison. While Lee had the support of his father, Laurie, who was a recovered heroin addict, was placed with her mother and brother. Laurie's mother was a drug dealer and her brother a drug user. Laurie relapsed shortly after moving back with her birth family.

In contrast, other young people, such as Agatha, mentioned that they had support from siblings. However, Agatha's sister was also in care and in the same supported accommodation. As sisters, they tried to help each other as much as they could. Others found that friends provided an opportunity to talk about their problems or could offer accommodation when there was not a place called home. The support of friends in the context of housing pathways is not new (Dixon and Stein, 2005; Wade and Dixon, 2006). Heath and Calvert (2011) have also found that a large number of young people experience



shared living arrangements as part of their transition from the family home to independence. Nevertheless, many young people leaving care have a limited number of friends as a consequence of multiple moves during their care career. In addition, some friends might share a similar disadvantaged background and, consequently, might not be able to provide appropriate support. As a result of a lack of informal networks, young people rely a great deal on formal support in order to achieve positive housing outcomes. The next sub-section will explore this subject.

### **Formal support**

Leaving care is a journey which combines ‘the care experience’ and the ‘support or intervention young people have received’ (Dixon and Stein, 2005, p129). Thus, formal support can be an important factor on the housing transitions of care leavers. In this context, policy and legislation (e.g. the Regulations and Guidance, Scottish Executive, 2004a) play an important role in ensuring that the formal support that is supplied is regulated to meet the needs of care leavers effectively. To support care leavers in achieving positive housing outcomes, the Regulations and Guidance 2004 places a duty on local authorities as corporate parents to assist care leavers in looking for and maintaining their accommodation. Similar to education, these strategies should be specified in the pathways plan (Scottish Executive, 2004a). However, if young people are willing to accept formal support during the preparation and initial stages of their transition, this scenario may change throughout their housing pathways as it was demonstrated in previous sections.

All the young people who were involved in this study had some sort of formal support before and when moving to supported or independent accommodation. They were required to engage with services in order to be referred to organisations for supported accommodation or apply for independent tenancies. However, the effectiveness of this support came into question. As the following quotations show, the sort of formal support that was provided to the participants was mainly of a material and practical nature. Service providers essentially assisted young people with financial aid, cleaning, budgeting, managing council tax, shopping and support during emergencies (e.g. when close to being evicted or when lacking in food):

**Louise:** *‘They helped when I moved in with like a leaving care grant to get furniture and when I used to have a flat in [name of the city] they paid the rent’*

**Marianne:** *‘They show me how’ tae budget, dae’n shitty wee ‘hings aboot the hoose like how’ tae wash ma windaes an’ stuff’.*

**Tara:** *‘(...) anything about council tax or check up on it.’*

**Karen:** *‘(...) buy yer own food, they give souper at night and obviously if you have not the payment, they’ll give emergency food, but only if you have not a payment.’*

The importance placed on material and practical support by young people and the system itself might be caused by the practical and material conceptions of independence as seen in chapter 7. As a consequence of this, less importance is attributed to the young people’s emotional and psychological needs. Placing less importance on young people’s mental well-being and on improving their poor mental health can have a negative impact on care leavers’ housing pathways. As previously seen practical skills depend on the good mental health of individuals. In the context of housing, this means that young people’s poor mental health might impede their ability to sustain a tenancy successfully.

The evidence also suggested that, in some cases, support had been put in place but it failed due to the young person’s lack of engagement as Ewan exemplifies:

*‘Ah though ah cud dae it; they said ‘oh but we can help ye dae this and that’, I dinnae want, ah wanted tae be on ma own.’*

The impact of young people’s lack of engagement with the support offered to them is evident throughout the accounts of the seven young people who decided to accept very little support from service providers. As a consequence, all seven young people went through difficult first transitions involving serious alcohol and drug problems, homelessness, prison and debt. This lack of engagement was caused mainly by these young people’s wish to not be ruled by the care system and their lack of trust in professionals. While the former is related to their perception of independence as brought to light in chapter 7, the latter is explained by the conceptual framework as discussed in chapter 3. According to Attachment

and Life Course Theory, these young people's disruptive early family experiences contributed to this lack of trust and, consequently, lack of engagement with others.

Evidence also demonstrated that the effectiveness of preparation programs was, in some cases, lacking in adequate real life experiences. Based on Dixon and Stein (2006) and the Regulations and Guidance 2004 (Scottish executive, 2004a), preparation for living in an independent tenancy should involve having a choice of where to live (both the place and sort of accommodation), the safety of the young person, sustainable support networks, financial assistance and a realistic experience of independence. However, some preparation programmes fall short of meeting these young people's needs. For example, Laurie's accounts suggest that some preparation programmes do not provide a real life experience. The lack of a real insight into adult responsibilities might be problematic as it might create false expectations. It might make young people believe that they are prepared for independence when they are not. Laurie explains her experience in one of these schemes:

*'They had a hoose tae put you in like a hoose separated from the school... and they send ye up there for like two weeks or somehin' and then ye've tae pay like a pound for electricity, that wis ma preparation. I thought 'this is easy eh.'*

As a consequence of her experience, Laurie believed that she was prepared for independent living. However, the reality that she encountered once out of supported accommodation did not meet her expectations. Laurie did not manage to maintain her tenancy and became homeless. Another example was provided by Shareen. At the time of the interview, Shareen was working in a pub a few hours a week and was happy with her salary. She was planning to leave care within six months. Shareen felt confident that she could manage her independence with her salary. However, she was living in supported accommodation and did not need to pay for her bills or food. Therefore, Shareen was not considering that she might need additional funds to sustain her independence.

## **10.6 CONCLUSION**

This chapter has discussed the aspects that shape young people's housing experiences. It contributes to existing knowledge by analysing the experiences of 27 young people leaving care and who suffer from depression. It identified that housing transitions tend to occur in

three different stages. Each stage is associated with specific feelings, barriers, challenges and events. However, these stages are not static and can overlap and be marked by contrasting individual experiences which dictates the specific outcomes to be achieved.

The first stage is characterised by an initial wish to leave care and a belief of being prepared to live independently. At the onset of this phase, young people can choose from different housing options. The most common options are independent tenancies and residential units which provide independent premises with ongoing support. The young people with residential experience brought to light a series of positive and negative factors in relation to living in such a supported accommodation. In this context, the relationship between young people and their residential workers emerged as one of the main factors which contributed towards having a positive residential experience.

Young people's experiences of social housing highlighted that the quality of support is not uniform across councils and/or professionals. In addition, the long waiting lists were also considered to be a problem when choosing this housing option. The extended wait experienced by some of the young people seemed to aggravate their poor mental health, particularly when young people were placed in unsuitable accommodation such as B&Bs. Moreover, the areas where social housing is often available were considered by many as unsafe or far away from key support services.

Stage two is characterised by a series of difficulties which might be challenging to overcome due to young people's mental health issues. In addition, this study identified a series of factors which had contributed to more difficult experiences at this stage and aggravate these young people's already fragile mental health. Some of these factors are environmental factors, isolation, alcohol and drugs.

The third stage is characterised by the most difficult experiences. Some care leavers might feel that moving to independent living was the wrong decision. Others might abandon their tenancy. Some might be evicted as a consequence of housing problems and become homeless. Due to this, some young people acknowledged their inability to cope with independent living and its responsibilities. Others may re-engage with the system and accept the support which they denied at first. The experience of homelessness and sleeping rough highlights the dangers of very difficult housing transitions. Nevertheless, the solution

for homelessness experienced by some young people also did not contribute towards ameliorating their circumstances. Some of these youngsters were placed in B&Bs and hostels which were considered as being unsuitable due to a variety of factors such as the prevalence of drugs and alcohol.

Evidence showed that there are three factors which impact on the three stages described above. These factors are poor mental health, informal support and formal support. Poor mental health emerged as a factor that has a great significance on housing experiences and which can contribute to a greater level of difficulties and can increase the risk of negative experiences. The depression experienced led some of the young people into a circle of negative experiences which contributed to disillusionment in relation to their own tenancy and, therefore, their independence. In this context, formal and informal support might help to improve the lives of these young people. While informal networks seem not to have a great impact due to their inexistence or have a very negative influence when dysfunctional, formal support seems to be a significant factor for these young people as it provides a series of life and housing opportunities through a care package which aims to help young people undergo successful transitions. In this context, formal support and the elements associated with this dimension, such as supportive relationships, are protective and resilience factors that can contribute to more positive pathways.

## **CHAPTER 11**

### **CONCLUSION**

#### **11.1 INTRODUCTION**

In contemporary Western societies, moving into adulthood is often a demanding journey rather than a smooth pathway. In recent times, transition to independent living has become a complex process involving cultural, social, historical, legal meanings alongside economic uncertainty (Arnett, 2000, 2007). As a consequence, transition processes have lost their exclusive social and age-related meanings and have developed a more personal significance (Cassidy, 2006). This personalised meaning depends on the individual's background and will impact on the rest of their life course.

Care leavers' background is often shaped by negative circumstances which have marked their overall development, including their cognitive development, perception of reality and personalised meanings. As a result, they may find it difficult to take on adult tasks, work on achieving their transition goals, negotiate their problems and begin their journey to independent living. As a consequence of such a cluster of problems, a large number of care leavers are ill-equipped to face the challenges associated with their transition to adulthood (Dixon and Stein, 2005; Stein, 2012). The challenges of leaving care might still be accentuated by family disruption (Biehal et al., 1995) or early and persistently accelerated transitions (Dixon and Stein, 2005). Therefore, moving from care to independent living is often a challenging journey rather than a smooth pathway. If young people leaving care thus tend to find their transition a demanding journey then this process can be significantly more challenging for care leavers who suffer from poor mental health. This sub-group of care leavers is particularly vulnerable as a consequence of their simultaneous condition of suffering from poor mental health and being looked after.

In order to understand the experience of care leavers who suffer from mental health problems, this study focused on how care leavers who suffer from depression experience their transition to adulthood and how this experience impacts on their Throughcare outcomes. This research thereby sought to enrich our understanding of the leaving care field by drawing on the everyday knowledge of the young people themselves. To do so, four specific questions were formulated to guide this study:

*How, if at all, does care leavers' conceptualization of independence influence their leaving experience?*

*How, if at all, does the experience of depression influence care leavers' transition to independence?*

*What are the key factors which shape care leavers' educational and employment outcomes during their leaving care experience?*

*What are the key factors which shape care leavers' housing outcomes during their leaving care experience?*

Before introducing the main findings of this research it is important to reiterate that to answer the above questions, this research adopted a qualitative methodological approach to the field based on a constructivist approach. To do so, 35 young people and 17 key informants were interviewed. The data was analysed and interpreted based on an inductive thematic analysis.

The following sections will discuss and reflect upon the main concepts and findings of this research. Section 11.2 will consider the findings concerning young people's conception of independence. Section 11.3 will introduce the impact of depression on Throughcare outcomes. Section 11.4 will discuss how depression affected young people's experience of education and employment. Section 11.5 will discuss the factors which impacted on young people's housing experiences. Section 11.6 will reflect upon the importance of formal and informal support when leaving care. Section 11.7 will introduce the theoretical underpinnings of the research. Section 11.8 will consider the practice and policy implications and recommendations. Section 11.9 will discuss the limitations of this study. Finally, Section 11.10 will suggest topics for further research.

## **11.2 THE IMPACT OF YOUNG PEOPLE'S CONCEPTION OF INDEPENDENCE ON THROUGH-CARE EXPERIENCES AND OUTCOMES**

This study has contributed to an expansion of existing research in the field by identifying young people's conception of independence as a factor which contributes to difficult transitions. The data analysis identified three different conceptions of independence:

material, practical and organisational. The *material meaning* is related to having an independent tenancy and being financially independent. The *practical meaning* is associated with the ability to undertake daily tasks without being supported. The *organisational meaning* emerged from participants' aspirations to manage and plan their lives and routine according to their own wishes and not according to workers and formal procedures. The material meaning emerged as the most frequently mentioned construction of independence. This means that for a large number of the participants, being independent was perceived exclusively as having a tenancy and having a job.

This research revealed that the significance placed upon the material conception of independence might impact negatively on young people's transitions and lead to poor outcomes. The importance given to the material meaning often leads care leavers to look for an independent tenancy and financial sustainability as the foundation of their independent adult lives. As a result of this material construction, some young people placed less value on their mental well-being and recovery. However, as this study has shown, this can have a negative impact on these people's pathways to adulthood. The successful management of practical skills, tasks and responsibilities which allow young people to be successful at a material level depend upon their mental wellbeing. For example, young people who are mentally fragile might feel unable to maintain their tenancy or to look for a job to sustain their independence as a consequence of feeling constantly low and depressed. These negative circumstances can lead young people into arrears which can lead to eviction or poverty.

Thus, care leavers who develop a material meaning of independence are more likely to undergo very difficult transitions. Those young people who suffer from poor mental health are even more likely to be unsuccessful as a consequence of their psychological and emotional fragility and lack of investment in their recovery. However, for young people associated with a difficult background and poor mental health, having a meaning for independence supports the existence of a certain will to progress into adulthood and the prevalence of their wish to live over their suicidal ideation. In this context, it is arguable that the existence of an unrealistic meaning of independence, which can be worked on and maximised by well-trained professionals, is not perceived as negative as a total absence of a meaning or even the inability to develop one as a consequence of suicidal ideation.



This chapter also identified the fear for independence and independence as survival as two resilience factors associated with young people's perceptions. Although *a priori* negative, these two factors can be maximised as potential opportunities to turning care leavers' difficult pathways into a more resilient leaving care experience. The fear for independence as an unknown pathway tends to lead young people to postpone their transition. In turn, this procrastination allows care leavers to extend their preparation time and their investment in developing the right skills to face the challenges of the world outside care and adulthood. Similarly, the survival behaviour that some young people developed based on their negative early experiences emerged as a potential factor in the development of practical skills which can support care leavers to maintain their day-to-day life.

### **11.3 THE IMPACT OF DEPRESSION ON THROUGH-CARE EXPERIENCES AND OUTCOMES**

The young people involved in this study perceived depression as a detrimental experience that impacted negatively on their transition to independent living. Evidence also demonstrated that, although depression had often developed years before young people's transition, it seems to reach a critical stage when leaving care as a consequence of cognitive complex developments associated with this period and the accumulation of negative life events experience by the young people. This mental health deterioration mainly contributes to increased difficulties in dealing with the practical side of life which is likely to lead young people to unsuccessful transitions as the following paragraph explains.

Difficulties in dealing with the practical dimension of independence, considered by some young people to be the most important conception of independence, demonstrated to increase young people's uncertainty regarding their present and future. This uncertainty can easily evolve into anxiety and pathological sadness. The psychological pain from this experience was considered by some young people to be unbearable. As a result, suicide was a potential option to end such emotional hardship. In this study, 22 out of 27 young people who suffer from depression had, or were experiencing, suicidal ideation or intention. Self-harm, alcohol and drugs were also seen as coping strategies with obvious negative consequences. In relation to the former, 23 out of 27 young people had self-harmed

repeatedly while only one person carried out the act on one occasion. The large numbers of young people who self-harmed and suffer from suicidal ideation suggest that these phenomena are widespread among care leavers with mental health problems, particularly depression.

In sum, the evidence showed that living with depression when leaving care is characterized as an unknown and unpredictable path where the transition to adult living is marked by uncertainty. This sense of unpredictability is due to a lack of control over suicidal thoughts which can be experienced on a daily basis. Consequently, depression causes a lack of progress which is distressful and psychologically unbearable for some young people. This negative '*never-ending-circle*' is likely to cross all life dimensions as will be explored in the following sections. Nevertheless for young people who have been separated from their families, who have been subject to abuse and neglect, who have seen their decision-making in the hands of unfamiliar professionals, who have been through multiple placements, who have experienced poor educational outcomes and mental health, to reach emerging adulthood without being defeated by suicidal ideation is in itself a great achievement. Based on this, this study argues that care leavers who suffer from depression and who have thrived through a disruptive family experience and an unfamiliar care system all have high levels of resilience. Nonetheless, this resilience is often hidden behind negative perceptions, low expectations and behavioural problems. An example of this was some of the protective behaviours that some of the young people involved in this study developed to deal with the experience of depression and without the support of others. Some of these strategies were as simple as painting, writing, talking and walking. These protective factors are of significant importance as they demonstrate that change is possible through small actions and steps, even when the young person experiences very difficult transitions (Gilligan, 2009). As a key informant mentioned, they are all young people with great potential.

#### **11.4 FACTORS WHICH IMPACTED ON YOUNG PEOPLE'S EXPERIENCES OF EDUCATION AND EMPLOYMENT**

The existing research showed that education and employment are important elements to consider when supporting young people leaving care. These two areas contribute to a greater sense of achievement, self-esteem, confidence and, therefore, good mental health when positive outcomes are attained. Care leavers are a vulnerable group and, as such, they

are more likely to achieve poor educational outcomes (Biehal, et al., 1995; Broad, 1998; Dixon and Stein, 2005). Although such outcomes are caused by various factors, this study found that young people's poor mental health plays an important role in their overall educational experience. Based on the literature review and findings in this study, the next table conceptualises how mental health affects young people's educational pathways:

**Table 11.1 Conceptualisation of Care Leavers' Educational Pathways**

<b>Positive Educational Pathways</b>	<b>Unsuccessful Educational Pathways</b>
<b>Early experience:</b> secure attachments and positive early experiences in family or foster family	<b>Early experience:</b> poor attachments, exposure to trauma and disruptive relationships. Child removed from her or his family and placed in care.
Positive experiences in care and positive achievement of developmental milestones and resilience. ↓	Negative experience in care. Development of emotional and psychological problems. Lack of resilience ↓
<b>Good mental health</b>	<b>Poor mental health</b>
<b>Impact of good mental health on the young person's overall development and education:</b>  Positive cognitive development and emotional stability.  Positive conceptualisation of education and motivation to do well academically.	<b>Impact of poor mental health on the young person's overall development and education:</b>  Negative cognitive development and emotional instability.  Difficulties in overcoming educational challenges as a consequence of emotional instability.  Development of a negative meaning of education. Lack of motivation to do well academically. Inability to adapt to the school environment
<b>Transition outcomes1:</b> Sense of achievement, self-esteem and self-confidence as a consequence of the positive educational outcomes attained.	<b>Transition Outcomes 1:</b> Negative attendance and performance, and inability to deal with problems at school.
<b>Transition outcomes 2:</b> Positive aspirations, effort employed in attaining a good educational performance.	<b>Transition outcomes 2:</b> Low aspirations as a consequence of a lack of importance attributed to education. Lack of opportunities for personal development through education.

Thus, based on the above conceptualisation and on Hysenbegasi et al. (2005) and Buchardt (2005), this study suggests that poor mental health impacts on the cognitive development of the child which in turn impairs their capacity to learn and overcome educational challenges. Based on young people's testimonies, this research suggests that such impairment is translated into poor attendance and performance at school and into a negative meaning of education. As a consequence, some individuals lose their motivation to do well at school, which denies them the experience of achievement through education.

This study also revealed that the material meaning associated with independence also impacted on these young people's educational pathways. This means that some young people only attend college in order to have access to an additional source of income through educational financial support. As a result of this material motivation, it is unsurprising that some of the young people withdrew from their courses when their bursaries were stopped as a consequence of poor attendance or anti-social behaviour.

This study also identified other various factors which can negatively impact on care leavers' educational pathways. These are factors to take into account as they can aggravate young people's depression or contribute to a negative view of education. Some of these factors are: restriction to local colleges which limits young people's educational choices, lack of understanding of problems experienced on the part of educators and lack of both formal and informal support networks.

Young people's poor educational pathways (e.g. lack of or low qualifications) can have a negative impact on their employment experiences. According to the literature in the field, care leavers are often associated with poor employment outcomes such as unemployment, inability to secure and maintain a job, and employment in short, temporary and low-paid jobs (Cheung and Heath, 1994; Biehal, et al., 1995; Barnardos, 2001; Stein, 2004; Dixon and Stein, 2005). When young people suffer from mental health problems, being unemployed may contribute to a further deterioration in their fragile mental wellbeing. Thus, depression was shown to have a twofold impact on employment pathways. If poor mental health can lead some young people to be unable to maintain a job; being dismissed or unemployed can in turn lead to a deterioration of these young people's already fragile psychological and emotional functionality. This deterioration was mainly caused by a sense

of inertia that was experienced while unemployed and a lack of a reliable financial source. As a result, some young people lost their purpose in life and became suicidal which increase their chances of never reaching adulthood. Therefore, it is not surprising that being unemployed and mentally ill was described in the study as a very difficult experience.

However, similar to educational pathways, this study brought to light that for some young people having a job was intrinsically associated with having a source of income. In this context, any job that provides money is viewed as suitable with higher qualifications regarded as not being valuable. As a consequence, young people tend not to place importance on education and on having a career. Due to this, some care leavers do not invest in a job for the future, but in a job for the present. When difficulties arise, this perspective of employment leads young people to give up easily on the job as there is no enjoyment or purpose in what they are doing. Nevertheless, the need to meet current needs is understandable when analysing some of these young people's circumstances. Some care leavers grew up based on a survival mode where immediate needs were regarded as a priority. In this context, reflecting upon the future is an unthinkable task. This is especially difficult for those who suffer from suicidal thoughts and who are even more uncertain about their future. However, not all information raised in chapter 9 was of a negative nature. Although a significant number of negative factors and barriers were highlighted, chapter 9 also demonstrated that some young people continued to be determined to participate in education and search for employment based on positive reasons. This chapter also demonstrated that some young people had very positive educational and employment experiences which contributed to placing them in more resilient pathways towards adulthood. The turning points associated with these positive changes were mainly the development of a positive meaning and experiences of education and employment which led young people to achieve a sense of fulfilment.

## **11.5 FACTORS WHICH IMPACTED ON YOUNG PEOPLE'S HOUSING EXPERIENCES**

This study has shown that housing is an important dimension when leaving care. This importance is evident in the construction of the material meaning of independence. For a great number of young people independence was synonymous with having a tenancy. Nevertheless, as seen in this study, this construction of independence set the grounds for

unsuccessful transitions for some of the participants in this study. According to this research, these unsuccessful pathways are often divided into three stages. Each stage is associated with specific feelings, barriers, challenges and events which marked the individual experience of each young person involved in this study.

*The first stage* suggests that young people's beliefs regarding being prepared for adulthood might lead some to neglect the necessary planning and mental health stability required for effective decision-making which directs them to successful transitions. This pattern of thought might be cause for concern as care leavers' decision-making is often shaped by disruptive experiences and negative emotions. As a consequence of their beliefs, young people may develop a false perception of independence which might lead them to achieve poor outcomes as a result of their inability to face tasks and challenges associated with their transition.

As a consequence of their wish to leave care, young people are often asked where they would like to move. Evidence showed that the two main housing pathways for these young people are social housing and residential support with each option having its pros and cons. Those who moved into residential support units were satisfied with their choice. Some of the factors which contributed to this positive experience and, consequently, to having a more positive mental health included a good relationship with staff, on-going support and the location of the unit. Nevertheless, some negative aspects were also identified, such as a lack of control in some units, boredom, a lack of freedom and feeling unsafe due to other residents. In the context of residential units, the relationship between young people and professionals was regarded as a very important factor.

For those who applied for social housing, the waiting time to be allocated to a social tenancy was reported as a factor which might cause anxiety. However, the specific circumstances of the young people themselves also contributed to the length of time that they waited. For example, some people who abandoned or were evicted from previous tenancies as a consequence of anti-social behaviour needed to wait longer for a tenancy. The geographical area where social housing is often available was also pointed out as one of the main problems. Some of these areas are associated with drug problems, vandalism, and other issues which can expose care leavers to a series of risks which can range from a lack of personal safety to an increase in substance abuse. As a result, some young people

might develop greater levels of anxiety which might worsen their depression. These negative feelings can lead care leavers into a downward spiral of negative events during the second stage.

*The second stage* involves the beginning of a series of negative experiences and factors which some care leavers might find difficult to overcome. Some of the factors are environmental (e.g. quality of the premises), relational (e.g. involvement with people who might represent a risk such as drug and alcohol users, aggressive partners, etc.), psychological (e.g. isolation) and behavioural (e.g. alcohol and drug misuse, anti-social behaviour and crime). Although difficulties are identified, some care leavers still believe that they are able to manage their tenancy and their independence. Consequently, they may get involved in a downward spiral of problems which may lead them to the third stage.

*The third stage* is characterised by the most difficult experiences and, as a consequence of such challenges, by the young person's acknowledgement of their difficulties. The end of this stage depends on a young person's acknowledgement of their inability to cope with independent living and on their willingness to engage with services such as social work. The following table conceptualises these three stages:

**Table 11.2 - Conceptualisation of poor housing pathways**

<b>Background:</b> Depression caused by past and present events. Poor psychological, emotional and cognitive functionality.
<b>Stage 1:</b> Wish to leave care and a belief in one's own ability to do well. Poor mental health is forgotten and is seen as something that will not interfere with their transition to independent living.
<b>Stage 2:</b> Inability to understand adult responsibilities. Difficulties in dealing with the practicalities of life. Difficulties in maintaining a tenancy (e.g. dealing with budgeting, maintenance, cleaning, paying bills etc.)
<b>Stage 3:</b> Aggravation of the experiences in stage 2. Deterioration in mental health. Feeling stressed as a consequence of poor outcomes and failures. Feeling low and isolated. Engagement or not with services.
<b>Outcomes:</b> Eviction, homelessness and chaos OR re-planning transition.

Depression, informal and formal support emerged across all stages as important factors. Depression was shown to have an impact on the relationship between the young person and their dwelling. After experiencing difficulties in maintaining their tenancy as a consequence of their poor psychological and emotional functionality, young people might find it difficult to feel happy or identify themselves with their accommodation. As a consequence, they might stop maintaining their tenancy. However, just as depression can lead to housing difficulties, housing issues such as the threat of eviction and arrears can also worsen these young people's already poor mental health. These are added problems which they might not be able to overcome and which might contribute to greater levels of stress, despair and pathological levels of anxiety, and sense of failure. When young people find themselves unable to find a solution for their problems, suicide can manifest itself as a potential resolution. Thus, housing difficulties might be more a consequence of present challenges rather than of a difficult past. The impact of formal and informal support will be specifically discussed in the section below due to the importance associated with both forms of assistance.

## **11.6 THE EXPERIENCE AND IMPACT OF FORMAL AND INFORMAL SUPPORT ON CARE LEAVERS' TRANSITIONS**

Informal and formal support merit specific consideration in this final chapter as they emerged as two factors which crossed all dimensions studied in this research (depression, education, employment and housing). Informal support is defined as the provision of help and care provided by social networks such as friends, family and social groups. Formal support is related to effective clinical, practical or psychological care/support provided by the care system through professional staff (e.g. councils, Throughcare and Aftercare teams, CAMHS and AMHS, charities with Throughcare and Aftercare services). Examples of this support are the development of cooking or budgeting skills, job-searching, counselling, clinical support for mental health issues and financial assistance.

In relation to informal support, positive relationships with family and friends were particularly important in providing instrumental, psychological and emotional support for some of the care leavers involved in this study. However, for most of the young people, their family support was limited. Indeed, in some cases, family emerged as a negative



factor which only contributed to difficult transitions, suffering, mental health deterioration and homelessness. As a result of inadequate or limited informal networks, young people relied on formal support to achieve positive transition outcomes. The relationship between professionals and young people emerged as an important element regarding formal support. Young people who had a positive relationship with their key workers were more likely to feel supported and achieve positive outcomes than those who did not and disengaged with the system.

In the context of relationships between young people and professionals, *trust* emerged as the main factor in the development of positive relationships. However, the development of trust emerged as a complex process that involves the psychological, emotional and cognitive functionality of young people and their past and present experiences with others. In the context of leaving care, these past negative experiences caused some of the young people to be unable to ask for support based on their fear of being let down. Additionally, some of the young people's perceptions of the system and professionals do not help to change this scenario. These perceptions are often based on negative stereotypes and unconstructive past experiences which only contributed to difficult relationships and, therefore, a lack of engagement. Without a sustainable formal network and assistance with their poor mental health, some of the young people involved in this study accumulated a series of failures which led to an increase in mental health problems.

However, the effectiveness of formal support came into question in this study. The sort of support provided to the young people in this research was mainly material and practical. Although this type of assistance was welcomed by the young people, placing less importance on young people's mental well-being can have a negative impact on care leavers' pathways to independence. As mentioned above, this study argues that practical skills depend on the psychological, emotional and cognitive functionality of individuals. Thus, any kind of formal support developed and based solely on material assistance is more likely to lead young people into difficult transitions rather than positive experiences.

## **11.7 PRACTICE AND POLICY IMPLICATIONS AND RECOMMENDATIONS**

Since this research began, important policy developments have been made in the leaving care field, which are compatible with some of the recommendations of this study. The Children and Young People (Scottish) Bill (Scottish Government, 2014a) was introduced by Alex Neil MSP on 17 April 2013 and was passed by the Parliament on 19 February 2014. These measures entitle care leavers after April 2015 to remain looked after until the age of 21 and to be supported until the age of 26 to help them to move into independent living. According to the Greater Rights for Young People in Care (Scottish Government, 2014b):

‘From April 2015, teenagers in residential, foster or kinship care who turn 16 will be entitled to remain looked after until the age of 21 under new provisions proposed for the Children and Young People Bill. This increased support, to be funded by £5 million a year up to 2020, is in addition to the Scottish Government’s recent commitment to provide support up to the age of 26-years-old for care leavers to help them move into independent living.’

These are welcome measures as it will allow young people to extend their preparation for independent living and, therefore, increase their opportunities to be successful. For example, some young people in this study mentioned that ageing led them to become mature and aware of their difficulties. As a consequence, they wanted to re-engage with support when they became older. Thus, ageing is a resilient factor in the context of leaving care. Nevertheless, extending Throughcare and Aftercare up to the age of 26 might be a challenge for some young people. This study showed that some care leavers wish to leave the system at an early age no matter how ill prepared and mature they are. Although they are advised to remain in care, they leave the system based on their free choice and own beliefs. This choice is a human right that they have as adults. Thus, it becomes crucial to develop a positive care setting where young people feel welcome, not ashamed, and comfortable to remain for a longer period of time. Meanwhile the solution for those who have already decided to leave care might be based on the opportunity to return to the system if they experience poor outcomes. According to the Staying Put Scotland Guide (Scottish Government, 2013c), the principle of returning to the care system should be accepted as a standard of good practice and responsible corporate parenting. This idea has

been recently proposed by the Scottish Government (2014b) as a potential policy measure in the future. It is the Government's longer-term ambition to allow young people up to the age of 21 to return to care if needed (Scottish Government, 2014b). This measure will allow some young people to have a second opportunity when they achieve a greater awareness of their own circumstances. However, this shift might bring some challenges to a system which lacks resources and funding.

Although the above policy developments are welcome in the field, this study suggests further recommendations which could be considered in future policy discussions. These recommendations are: the need for a paradigm shift in the Throughcare system; more investment in key relationships; the need to reflect and improve pathway plans as a planning tool; more investment in physical activities to help young people cope with depression; a reduction in educational schemes without the prospect of a job; and more investment to improve housing pathways. Each recommendation will be discussed below.

#### *The need for a paradigm shift in the Throughcare system*

Due to the impact of poor mental health on care leavers' transitions, this study states that there is a need for an urgent shift in the focus of the Throughcare system. As discussed in the previous section, leaving care is often associated with a material meaning of independence which neglects the psychological functionality of young people. With this paradigm in mind, it is unlikely that young people will develop the appropriate independent skills (e.g. paying bills, avoiding arrears and shopping) and a sense of responsibility (e.g. being responsible for themselves, for finding and maintaining a job). These negative circumstances can easily lead young people into arrears which can lead to eviction or poverty and, therefore, unsuccessful transitions. In line with this, this study assumes that having time to develop positive mental health and psychological and emotional resilience before moving into a tenancy and looking for a job would give the young people the opportunity to improve their mental health and, as a result, develop greater ability to undertake adult responsibilities. Young people would therefore be better equipped to make an informed choice in relation to their accommodation, education, work and relationships. The paradigm shift suggested by this thesis requires a greater investment in psychological

and emotional preparation before young people leave care. This support would help care leavers to develop the necessary resilience which would allow them to cope with a disruptive past, a demanding present and an uncertain future.

#### *More investment in key relationships*

The study also revealed that formal support emerged as an important Throughcare feature. The relationships between young people and their key workers were found to be particularly important within the formal support provided. In this context, the length of the relationship and trust in workers emerged as essential elements. However, a lack of trust was found to be a challenging feeling and a problem that was difficult to overcome. Developmental theories (Freud, 1923; Erickson, 1987 and Piaget, 1955) suggest that care leavers have a negative conceptualisation of trust based on the belief that if their trust was violated by their parents, others too could violate it. This cognitive construction might be reinforced later in life by similar disruptive and unsuccessful relationships. More investment in key relationships is also in line with the most recent policy developments in Scotland, namely with Staying Put Scotland (Scottish Government, 2013c). According to this research-based guide, ‘it is these relationships which can hold things together as the young person moves into a new and challenging period of their lives’ (Scottish Government, 2013c, p14). For example, the ongoing presence of professionals who can meet young people’s emotional needs contributes to fulfilling their need for attention. This was especially important for those care leavers involved in this study and who, as a consequence of their past and present experiences, felt rejected by their parents or did not have family or friends to turn when they needed support.

However, investment in key relationships between professionals and young people requires more staff and the retention of professionals. The latter is a great challenge for some organisations that lack the funding for permanent contracts. Although attractive work packages may help organisations to retain professionals, they are not without financial implications (e.g. higher wages or not enough funding for permanent contracts). These implications might not be feasible for small charities and councils where financial restrictions have been imposed.

### *The need to improve pathways plans*

The young people's experiences suggested that the current pathway plans are not a useful transition tool. This study therefore recommends an urgent reflection on how to improve this framework. The level of changeability in young people's lives, the uncertainty related to their futures, and the difficulties surrounding the pathways tasks were some of the factors mentioned when justifying this lack of value. Due to this, the following question needs to be reflected upon: How can the system transform pathways and care plans into a helpful tool for these young people? Evidence in this study suggests that pathway plans should be based on short-term rather than long-term goals due to the level of changeability in these young peoples' lives. Consideration should be given to this matter so as to develop a more effective framework. Finally, more importance should be given to the mental health of care leavers regarding their pathways plans rather than basing this tool on a set of material and practical steps to independence. For example, research on suicidal ideation has revealed the importance of supporting strategies centred on helping young people to find meaning in their lives in order to be successful and achieve happiness. Pathway plans based on practical goals and material achievements might lead these young people to fail because of their poor mental health and consequent inability to manage the material and practical side of their transition. This sense of failing might lead young people to disregard their pathways plans as many may feel that this tool does not contribute to the achievement of positive goals.

### *More investment in physical activities to help young people cope with depression*

This study also recommends more investment in physical activities to help young people cope with depression. The data analysis showed that living with depression is a multifaceted experience which is a consequence of the complex pathways experienced by care leavers. In more extreme cases, depression lowers the motivation to live and leads young people to self-harm or suicidal thoughts. Individuals who possess or develop protective factors are more likely to cope better with distress and the impact of negative events on their mental health (Plancherel, et al., 1994, cited in Dumont and Provost, 1998). The evidence in this study shows that physical activity has a positive impact on care leavers' poor mental health and, as a consequence, can be considered as a protective and

resilient factor. Activities such as hiking, running or even walking a dog should be encouraged because of the potential benefits for young people's mental health. Thus, the system is in need of policy and legislation which do not only support statutory procedures but which recognise the importance of exercise and outdoor activities. This could be achieved by investing in organisations that are able to develop outdoor experiences such as Venture Trust, an Edinburgh-based outdoors organisation which supports young people from difficult backgrounds, including care leavers.

#### *More investment in sustained educational schemes*

This study suggests a reduction in training and educational schemes which do not support young people in finding jobs. Evidence showed that some young people attend too many courses which do not present to them the prospect of a job. This multitude of enrolments might impact negatively on the educational pathways of care leavers as they might feel that training and education schemes are not beneficial. In addition, this research also found that some courses have restrictive rules such as full attendance, punctuality and engagement with the support that is offered. These requirements may be too demanding for some care leavers who, due to their mental fragilities, experience difficulties in meeting such rules. Although tailored educational schemes would allow these young people to gain better opportunities, the challenge remains in providing educational courses that do not stigmatise and confront them with their cognitive difficulties and mental health problems. Services which create the necessary balance between providing adequate support to care leavers and equal opportunities are therefore needed. This is in line with the latest policy recommendations from the Scottish Government (Staying Put Scotland, 2013) which stress that there should be no difference between the outcomes of young people in care and their peers.

#### *More appropriate housing support*

This study also revealed that more needs to be done to develop adequate preparation programmes which promote the necessary skills to manage independence. Some programmes, although well intentioned, do not develop the right skills for facing the challenges of adulthood. For example, in one specific situation, a young person was placed in a shared flat with another person with both needing to pay a pound each a week for their

bills. This preparation programme lasted only a few weeks, and was a situation regarded as far from being adequate. Thus, this study advocates for greater investment in more realistic preparation schemes which will prepare care leavers for the challenges that they will face outside care.

This study also identified that the geographical area where young people are housed can be a source of problems and a factor that contributes to unsuccessful transitions. In some communities where young people were placed had a high level of crime, anti-social behaviour and high levels of alcohol and drug consumption. These problems can expose care leavers to several risks such as experiencing high levels of alcohol and drugs consumption as was the case with some of the participants involved in the study. Therefore, more consideration should be given to the geographical areas where these young people are housed.

According to recent policy developments, particularly Housing Option Protocols for Care Leavers (Scottish Government, 2013b), if any care leaver experiences homelessness the local authorities should be responsible for safeguarding their accommodation needs. Therefore, it is unacceptable to use homelessness legislation to support young people leaving care. However, how far this reflects the reality is unknown as discharging care leavers from care to supported or independent accommodation might be a challenging process. This challenge can be caused by a lack of resources available to support care leavers or by young people's perception of independence. In relation to the latter, young people may place their housing pathways at risk as a consequence of their own beliefs and decisions. Some young people, although advised to remain in care, might not accept support or might decide to live with friends who also experience difficulties. As a consequence, they embark on a difficult housing journey which is likely to lead them to poor outcomes. To overcome this problem this research, in line with Housing Option Protocols for Care Leavers (Scottish Government, 2013b, p.22), recommends that 'appropriate mechanisms for handling tensions between the wishes of the young person and the outcomes of the readiness assessment' should be developed. A potential solution to minimise such tension is a greater investment in accommodation schemes where young people can live independently with appropriate support which gradually decreases.

## 11.8 LIMITATIONS OF THE STUDY

A critical reflection over the research methodology highlighted three main limitations which could have impacted on the quality of the findings and on the ability to answer the research questions.

The primary limitation is concerned with the nature of the data collected. According to constructive philosophical stances, the primary source of knowledge should involve individuals instead of organisational documents or statistical data. Thus, the knowledge to be gathered is in the mind of individuals and, therefore, it is of a subjective nature (Guba and Lincoln, 1985). This self-reported data is difficult to verify and, therefore, the researcher needed to rely on what the young people and key informants were saying at the time of their interviews. This reliance on subjective information contains several biases. Firstly, the information was dependent on selective memory. This retrospective outlook might have led young people to provide fragments of information rather than a whole description of their experiences or to fail to recall events (Farrall, 1996). Secondly, the information collected could have suffered from the influence of the state of mind of the individual. This is particularly important in this research as the main sample of this study was composed of care leavers who suffer from depression. If young people were '*having a bad day*', the information collected could have suffered from the influence of deliberate distortions at the time of the interview (Farrall, 1996). For instance, negative aspects of young people's experience could have been exacerbated which in turn could have affected the veracity of the information provided. Thirdly, the interviews could have suffered from the influence of young people's will to provide accurate and complete answers about their leaving care experiences. This process could have led young people to provide false information as a consequence of embarrassment, a lack of knowledge or memory, nervousness, tiredness or the need to perform well (Wimmer and Dominick, 1997).

In order to overcome the influence of the young people's state of mind, several strategies were employed. Firstly, the interviews were arranged according to the young person's convenience in order to make them feel comfortable. The researcher also chose to dress informally in order to diminish any feeling of intimidation. The importance of answering based on truth and honesty was also explained and the time of the interview was managed



by considering signs of tiredness and boredom which could impact on the answers provided. Some of these strategies were suggested or reinforced by key informants who had worked with care leavers for many years.

This study also recognises that the above limitation could have been overcome by the development and implementation of follow-up interviews. Follow-up interviews aim to retrace interviewees and measure or explore changes which occur over time (Farrall, 1996.). The development and implementation of this prospective technique could have added valuable additional insights to this research. Follow-up interviews would have allowed the researcher to triangulate data between first and second interviews and achieve a greater level of accuracy on the information collected (Farral, 1996). Additionally, follow-up interviews could have assisted the researcher in exploring specific experiences reported by some young people and to achieve insights related to specific points of interest (Farrall, 1996). Finally, this technique could have led to the identification of changes on young people's perceptions and experiences throughout time and the motivational factors behind these changes (Farrall, 1996).

Finally, the definition of the sample is one of the most frequently highlighted limitations in qualitative research (Baden and Major, 2013). In this research, the balance between the main sample and the sub-group of care leavers who did not suffer from depression is considered a limitation. As mentioned above in the methodology section, while saturation was reached with the 27 young people who suffer from depression, it is acknowledged that the sub-sample which involved eight care leavers not diagnosed with depression was too small with saturation not having been achieved. This study assumed that, although these eight young people were not part of the main sample, they could have contributed to a better understanding of the challenges of those care leavers who were mentally ill. However, the evidence collected from this sub-group was not enough to produce conclusions with a high level of precision. The researcher now acknowledges that a similar number of young people in both samples would have provided a greater insight into the challenges faced by those care leavers who experience mental health issues as well as a valuable comparative input between the two groups.

## 11.9 TOPICS FOR FURTHER RESEARCH

This section presents key topics which this study could not cover but which could contribute to more informed policy and practice in the leaving care field. The first suggestion is more investment in longitudinal studies. The development of this sort of research would allow professionals to trace a care leavers' life course, changes which occur over time and factors which have motivated these changes. Therefore, it could potentially uncover valuable information that could lead to a deeper understanding of the long-term impact of the present factors, experiences, perceptions and circumstances. A better understanding of care leavers' lifespan issues would also contribute to a greater insight into what leads to a successful transition and independent living. The importance of studies of a longitudinal nature was demonstrated by Duncalf (2010) who studied 310 care leavers aged between 17 and 78. Although not entirely of a longitudinal nature, Duncalf's (2010) work provided a life course perspective where respondents outlined care experiences over time and the long-term consequences of the support provided.

The second suggestion for further research is related to the support provided by family. Informal support emerged as a factor which impacts upon all care leavers' life dimensions. Positive relationships between young people and their families can be translated into emotional support, encouragement to continue to do well or engagement with formal assistance. Thus, family can be a resilient factor if its dynamics and support are directed towards assisting young people. Due to this, this study suggests that further research into what can be undertaken to support positive family relationships at the time of care leavers' transitions is needed in order to increase the prospect of successful transitions.

Finally, the last subject suggested for further research involves examining the extent of depression among young people leaving care. In this study, 24 out of 27 young people tried to commit suicide. Independently of the causes of their ideation, which could be truly intentional or based on attention-seeking, the large number of young people who tried to commit suicide suggests that suicidal ideation, intention and the act of suicide itself is a problem among young people leaving care. However, no specific information was found about how many care leavers are actually diagnosed with depression, suffering from suicidal ideation or intention, or who had tried to commit suicide. By understanding the extent of the problem, academics, policy makers and practitioners would be better informed

and equipped to tackle a problem which not only impacts upon young people, but may well prevent them from reaching adulthood.

# APPENDICES

## Appendix A

### Young people involved in this Study

N.	Name used	Age	Accommodation	Occupation	Time in care	Support in Place
1	Mark	20	Residential unit	Course – living skills	Since the age of 2	Throughcare and Aftercare Council Team and staff from residential unit.
2	Laurie	18	Living with her mum but waiting for her own tenancy	Attending a course	Since the age of 9	Throughcare and Aftercare Council Team
3	Louise	20	Own tenancy	Course at college	Since the age of 15	Throughcare and Aftercare Council Team
4	Melanie	17	Own tenancy	Course at college	Since the age of 13	Throughcare and Aftercare Council Team
5	Rachel	17	Support/residential accommodation	Working	Since she was born	Throughcare and Aftercare Council Team and staff from residential unit.
6	Monty	17	Support/residential accommodation	Unemployed	Since the age of 4	Throughcare and Aftercare Council Team and staff from residential unit.
7	Marianne	17	Support/residential accommodation	Unemployed	Since the age of 12	Throughcare and Aftercare Council Team and staff from residential unit.
8	Alexia	20	Support/residential accommodation	Unemployed	Since the age of 2	Throughcare and Aftercare Council Team and staff from residential unit.
9	Adrian	19	Support/residential accommodation	Unemployed	Since the age of 14	Throughcare and Aftercare Council Team and staff from

						residential unit.
10	Ewan	20	Support/residential accommodation	Unemployed	Since the age of 6	Throughcare and Aftercare Council Team and staff from residential unit.
11	Anne	19	Homeless temporary flat/independent flat	Unemployed	Since the age of 13/14	Throughcare and Aftercare Council Team
12	Victor	18	Homeless hostel, about to move	Course	Since the age of 11	Supported by Homeless and Health Service.
13	Marta	18	Homeless accommodation – residential	Unemployed – looking for her first job	Since he was born	Throughcare and Aftercare Council Team and staff from unit
14	Tara	19	Independent flat/private letting	Unemployed - waiting for a course	Since the age of 14	Throughcare and Aftercare Council Team and staff from unit
15	Adele	19	Support/residential accommodation	Unemployed	Since the age of 15	Throughcare and Aftercare Council Team and staff from unit
16	Agatha	17	Support/residential accommodation –	Unemployed	Since the age of 6 months	Throughcare and Aftercare Council Team and staff from unit
17	Alana	21	Independent flat	College	Since the age of 14	Throughcare and Aftercare Council Team and staff from unit
18	Karen	21	Residential unit	Unemployed	Since the age of 13	Supported by adult services.
19	Carla	17	Residential unit	Unemployed	Since she was a child	Throughcare and Aftercare Council Team and staff from unit.
20	Calum	21	Support/residential accommodation –	Unemployed	Since she was a child	Residential Unit
21	Gabriel	21	Homeless	Unemployed	Since the age of 18 months (Adopted)	No support in place
22	Matthew	23	B&B	Unemployed	Since 10	Supported by Adult Services
23	Chloe	22	Living with her mum	Unemployed	Since the age of 8	Supported by Alcohol and Drugs Team

24	Clayton	22	Living with her mum	Unemployed	Since he was a child	Supported by Alcohol and Drugs Team
25	Cecilia	22	Living with partner	Unemployed	Since she was a child	No support in place
26	Lee	22	Living with partner in partner's mother's house	Unemployed	Since the age of 12	Criminal Justice System
27	Alexander	22	Independent flat	Unemployed	Since the age of 6	Supported by Alcohol and Drugs Team
<b>Young people not suffering from Depression</b>						
28	Stewart	16	Residential unit	Unemployed	<i>'Nearly all my life'</i>	Throughcare and Aftercare Council Team and staff from unit.
29	Hugh	16	Residential unit		Since the age of 15	Throughcare and Aftercare Council Team and staff from unit.
30	Stevie	16	Residential/supported flat	School	Since the age of 15	Throughcare and Aftercare Council Team and staff from unit.
31	john	18	Residential/supported flat	College	Since the age of 14	Throughcare and Aftercare Council Team and staff from unit.
32	Liana	17	Residential/supported flat	Unemployed	Since the age of 13	Throughcare and Aftercare Council Team and staff from unit.
33	Luanne	16	Residential unit		Since the age of 13	Throughcare and Aftercare Council Team and staff from unit.
34	Phil	20	supported flat	College	Since the age of 14	Throughcare and Aftercare Council Team and staff from unit.
35	Manuel	16	Residential/supported flat	Unemployed	Since the age of 12	Throughcare and Aftercare Council Team and staff from unit.

## Appendix B

### Key informants involved in this study

<i><b>Key informant Number</b></i>	<i><b>Profession</b></i>	<i><b>Agency</b></i>
<b>K1</b>	Senior Nurse	Mental health agency
<b>K2</b>	Manager	Throughcare and after care service (charity sector)
<b>K3</b>	Front line worker	Residential unit
<b>K4</b>	Lecturer	University
<b>K5</b>	Team Leader	Throughcare and aftercare services (central team)
<b>K6</b>	Team Leader	Throughcare and aftercare services (central team)
<b>K7</b>	Team Leader	Throughcare and aftercare services (central team)
<b>K9</b>	Team Leader	Throughcare and aftercare services (central team)
<b>K9</b>	Group of workers	Voluntary sector
<b>K10</b>	Front-line worker	Residential unit
<b>K11</b>	Group discussion	Several agencies including public, private and from the voluntary sector
<b>K12</b>	Manager	Homeless and health department
<b>K13</b>	Front line worker	Employment service provider
<b>K14</b>	Social worker	Throughcare and Aftercare Team
<b>K15</b>	Social worker	Throughcare and Aftercare Team
<b>K16</b>	Front line worker	Housing department
<b>K17</b>	Frontline worker	Residential unit



## **Appendix C**

### **Key informants' schedule**

*1- Could you speak about your experience in working with care leavers, particularly with those suffering from depression?*

#### **Prompts**

- To explore the main characteristics of care leavers: difficulties experienced, aspirations, expectations vs. reality, engagement with support provided, background, outcomes, relationships, what makes a successful transition, what feelings do they express at this time of their lives, etc.
- To explore the experience of the worker/key informant: e.g. does the worker feel that he/she makes a difference in the life of the young person?, difficulties expressed in working in the field, knowledge possessed about the field and about mental health, training in mental health, etc.
- To what extent do mental health problems exist among care leavers”?
- What kind of mental health issues and symptoms of depression do you come across?
- Explore what kind of support exists for care leavers suffering from depression e.g. is the support provided appropriate for their mental health needs?
- To what extent do these young people engage with this support.
- Main difficulties in supporting these young people in terms of health, housing, employment, etc.
- What are the causes of depression and other mental health problems?
- How do they react to depression?
- Are they more exposed to risk than other care leavers?
- Are they more associated with high-risk behaviour and anti-social behaviour?
- Do they refuse the support offered to them more than care leavers who do not suffer from depression?

*2 - What do you think about the support provided to these young people to help them move on to independence?*

**Prompts:**

- Feelings in relation to the support offered.
- Explore the experience of specific concepts such as pathways plan, corporate parenting, eligibility criteria<sup>2</sup>, the current policy and legislation, etc.
- What would you suggest in order to improve the throughcare and aftercare system?
- What are the successful strategies for working with care leavers?
- Could you provide examples of good practice?
- Is the leaving care field a priority or not for the government?
- To what extent do you think the needs of care leavers are met?

*3 – Could you speak about these young people’s experiences in terms of housing/accommodation?*

**Prompts:**

- Who is the responsible service for providing accommodation to care leavers? Who takes the lead on aspects concerning the housing process?
- How are the housing and accommodation processes treated in practice? (Kind of accommodation chosen vs. accommodation provided.)
- Is the accommodation provided suitable for young people’s needs and wishes?
- Difficulties in sustaining a tenancy and how are these difficulties experienced and addressed?
- What kind of support is offered (e.g. budgeting, life skills)?
- What could improve in terms of housing and accommodation support?
- What does the worker/key informant think about the support provided to these young people?
- Are these young people’s accommodation needs understood by departments and agencies involved at this level?
- To what extent are B&B used as accommodation for these young people?
- What are the difficulties associated with these young people who are placed in B&B and hostels?
- Are their mental health needs taken into account when a place to live is chosen?

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<sup>2</sup> An eligible criterion means the criteria established by law for a young person to be considered a care leaver and be eligible to receive support from throughcare and after services.

- Are those who are mentally ill more associated with less effective housing pathways and transitions or not?
  - What are the causes of homelessness among care leavers? What kind of support is provided in terms of homelessness?
  - Main difficulties in supporting these young people in terms of housing.
- 4 - *What do they experience in terms of employment or unemployment?*

**Prompts:**

- Difficulties in finding and maintaining a job.
  - Types of employment.
  - Expectations vs. reality.
  - According to your experience, why are the rates of unemployment so high among care leavers? Is it a problem of the system or is it related to particular characteristics of this population?
  - Is there any special provision for care leavers with mental health problems?
  - What kind of support do mentally ill care leavers need in terms of employment?
  - What do you think can be there to improve the support related to employment and unemployment and in holding down a job?
  - Main difficulties in supporting these young people in terms of employment/unemployment.
  - There is any kind of accommodation related to a more successful employment pathway?
- 5 – *What are the main characteristics of those care leavers suffering from mental health problems, particularly with regards depression?*

**Prompts:**

- Their outcomes compared to those not suffering from mental health problems.
- Their performance (school, care, engagement, employment, etc.).
- Treatments: treatments are available, resources and their engagement.
- Substance misuse.
- Lifestyle.
- Impact of mental health on their transition.
- Difficulties experienced.
- Self-harm, suicidal ideation, suicide attempts.
- Housing/employment.

## **Appendix D**

### **Young people's Schedule**

#### **Section 1 - Experience in care**

##### Introductory questions

1. How old are you now?
2. For how long have you been in care?
3. What is it like to be in care? (**Prompts:** feelings about being in care, in relation to the foster family and birth family).

#### **Section 2: Living in Transition:**

4. **Introductory question:** Are you attending education, do you have a job or are you unemployed?

##### Training/Education

5. *Could you tell me what sort of course it is?* (**Prompts:** 1) for how long the YP is attending, 2) does she/he like the training; who chose it and why; 3) does the training meet the YP's expectations, 4) if the YP did not finish the training try to explore why, 5) does the YP want to go into further education, 6) job prospectus after the course).
6. Have you attended other courses in the past? Do you like more this course or the others? (**Prompt:** 1) does the YP feel that this course is better than others? Why? 2) Is the course impacting on the YP self-esteem/confidence, 3) is the course related to what the YP would like to do in the future?)
7. Is there anything that you would like to change in the course/training? (Prompts: difficulties experience, support received to overcome these difficulties).

##### Employment

8. *Do you like what are you doing or would you like to find another job? Why? Why not?* (**Prompts:** 1) kind of work, 2) difficulties in finding the work, 3) difficulties experienced in doing the job, 4) support to overcome these difficulties, 5) what does the YP think about this support, 6) does the job help the YP to fulfil their aspirations? 7) Do you feel happy in this job?)

9. *How do you get on with your employer and colleagues? Do they know that you are in care? If so, how did they react? Do you feel supported by them? Why not/why and how?*
10. Did you receive any support when you were looking for this job? What Kind? (**Prompts:** development of job seeking skills, CV, funding to go to interviews and work, etc.)
11. Are you still receiving any kind of support in relation to your job? If not, do you think that you should receive support in terms of employment? What kind?

#### Unemployment experience

12. Are you looking for your first job? **If not**, why did your previous job come to an end?
13. For how long have you been unemployed and how do you feel about this?
14. Has it been difficult for you to find a job? **If so**, why do you think it has been difficult? (**Prompt:** 1) what kind of jobs is the YP looking for, 2) what kind of difficulties has the YP in finding a job, 3) support provided in relation to this matter, 4) what does the YP thinks about this support).
15. Are you receiving or living on benefits? Is there any special reason for this? Are you receiving any other financial support?

#### Accommodation

16. **Introductory question:** where are you living now? (**Prompt:** 1) kind of placement, 2) when did you move in? If it is a social housing or homeless flat try to explore the process of obtaining the flat.)
17. What is it like to live here? (**Prompt:** 1) Do you like to live here, relationship with partners/flatmates, 2) housing conditions, neighbouring area; 3) would the YP like to live here for a long time; 4) would she/he like to change something e.g. move out, decorate the place, rules, 5) does she feel safe, supported, etc.)
18. Before this where were you living? Was it better or worse? Why?
19. Would you call this place home? Why?

#### **If living in an independent flat:**

20. *What is it like to live on your own?* (**Prompts:** managing budgets, paying rent, difficulties with daily tasks, support provided to overcome these difficulties; relationship with neighbours)

21. *Did you feel that you moved into this flat at the right time? Why? (Prompt: explore support provided before moving in, how useful it was for the YP; the process of getting a tenancy).*
22. *Are you still receiving support? What kind of support? (Prompt: If not, explore why.)*
23. *Do you think that you need more support in order to live in your own flat? (Prompt: explore the independent skills of the YP: cooking, budgeting, shopping for essential items, etc.)*
24. *Where would you like to live in the future? Are you receiving support in relation to this?*
25. *Is having your own house important for you? Why?*

*Other accommodation experiences*

26. *Why are you moving into new accommodation? How do you feel about this move? (Prompts: young person's aspirations, who chose the new accommodation)*
27. *Have you slept rough? Have you slept in your friends', other people's homes, hostels or B&B because you didn't have a house/place of your own? Why and how was it? (Prompt: causes of homelessness, explore feelings of being homeless)*
28. *What kind of support did you receive? If so, was it helpful? If not, why?*

*Support from throughcare and aftercare team (formal support)*

29. *How important is the support you receive from your workers for you?*
30. *Who is the person that you trust the most when you need to speak about what is going on with you and about your feelings or your problems? (Prompts: who is the person and why this person?)*
31. *Do you have any other people supporting you like family members or friends? (Prompt: 1) what kind of support, 2) does it feel more important/useful than professional support, 3) family as a support network, 3) friends as a support network, 4) support from partners).*
32. *Have you ever refused any kind of support? Why? (Prompts: difficulties experienced with worker and in engaging with the support offered, kind of support that is more difficult to engage with.*

### Pathways plan

33. Do you have a pathways plan? Do you remember what you put in your pathway plan? (**Prompt:** understanding of pathways plan).
34. Are you happy with your plan or would you like to change anything? **If so**, what would you like to change and why? (**Prompts:** progress; if there is no progress try to explore why).

## **Mental Health**

### The experience of mental health difficulties

35. What is it like to live with depression? (**Prompt:** 1) What symptoms do you experience, 2) how does depression affect your life at present e.g. mood swings, relationships, tenancy sustainability, work? 3) do you feel that you are treated differently in any way)
36. When did it start? What do you think caused it?
37. What makes you feel down? What do you do in these situations?
38. Do you or did you take drugs and/or alcohol? Why? (**Prompt:** when? what kind? how often? with whom? Did the young person ask for help? Explore the relationship: drug/alcohol as a problem/addiction or self-medication).

### Support provided in terms of mental health

39. Are you getting any support to help you cope with your difficulties? **If so**, what kind of support are you getting and what do you think about it? **If not**, Why? (**Prompt:** 1) who helps the YP in relation to depression, 2) who referred the young person to this support; 3) improvements experienced?
40. Have you been seen by a psychiatrist? How was it?
41. Are you taking medicines? How is it?
42. Do you have sufficient information about depression and about the support that you can receive? If not, what kind of information would be helpful?)
43. What do you think would help you to improve your health? Why?
44. How do you cope when support is lacking?

Self in relation to the present and future

45. What does being independent mean to you? (**Prompt:** is it defined based psychological or practical concepts).
46. Do you feel ready to move to independence? Why? (**Prompt:** 1) does the young person feel that he/she has the knowledge and skills to live independently? 2) Is it the YP's wish to move on or is the decision due to a lack of choice, if so then why? 3) Explore the relation support provided/support needed.
47. What would you like to do in the future in terms of: 1) employment, 2) education, 3) housing and 4) health (**Prompts:** does the young person think that she/he is receiving the right support to achieve her/his goals?).
48. Do you have any worries/hopes in relation to your future? Are you receiving any support to overcome these worries? What kind of support?
49. Is there anything that you like about how you are coping with your situation? And is there anything that you do not like about how you are coping with your situation?
50. What do you think you need to be successfully independent in the future?
- 51. If leaving independently ask:** did you imagine that living independently would be like this? Were you expecting to live the life that you are experiencing now?

**Recommendations**

52. What do you think would improve in the care system (**Prompts:** Recommendations for the government and workers)
53. Imagine that you are a worker, what advice would you give a young person who is living a situation similar to you?



## **Appendix E**

### **Informed consent - young people**

Anyone who is asked to participate in a research project has the right to know what it is about and what is involved before deciding whether or not to take part in the research. As part of this process, I would like you to know that:

- The aim of my project is to interview young people leaving care like you and to find out about their experiences.
- Your experience is of great importance as this information may help care workers and policy makers to better understand the position of young people leaving care and how they can improve the support offered.
- I would like to interview you to find out about your experiences of leaving care and preparing for employment and independent living. If you have any mental health problems, I would also like to discuss how this affects you and what kind of support you are getting to help you with this. If you agree, I would like to record the interview and write out our conversation so I can understand more clearly what you said for research purposes. You have the right to look at what I have written if you want. We can discuss this matter later if you wish.
- The information recorded will be treated as confidential and anonymous, which means that I will be the only person who knows what you told me. However, if you want your social worker or any other person to know what you have told me, you need to let me know that this is your wish.
- It is really important for me to know that you are comfortable during the interview. If you feel any kind of discomfort just let me know.
- You can stop the interview at any time or choose not to answer some of the questions. If this is your wish, you do not need to explain the reasons for doing so.
- If you feel tired we can always arrange to do the interview on another day and time to finish the interview.
- If you wish to go to another place where you will feel more comfortable, we can always move there.
- If you want to provide any other kind of information after this meeting or destroy the tape recording or written record of your interview, you can contact your worker

and express your wish or you can always contact me directly by email ([mbmal@hw.ac.uk](mailto:mbmal@hw.ac.uk)).

You do not need to stick the box now; you can always do it at the end of the interview.

I, ....., agree to participate in this research conducted by Marina  
Amaral on.....  
at.....

Thanks for your collaboration

Marina Amaral

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